

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007913

FILED  
Apr 06, 2012  
Secretary of State

Entity Name: COTT VENDING INC.

**Current Principal Place of Business:**

5519 W. IDLEWILD AVENUE  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

5519 W. IDLEWILD AVENUE  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 80-0003395      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR STE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FOWDEN, JERRY  
Address: 5519 W. IDLEWILD AVENUE  
City-St-Zip: TAMPA, FL 33634

Title: VP  
Name: CREAMER, MICHEAL  
Address: 5519 W. IDLEWILD AVENUE  
City-St-Zip: TAMPA, FL 33634

Title: DIR  
Name: CRAVENS, NEAL  
Address: 5519 W. IDLEWILD AVENUE  
City-St-Zip: TAMPA, FL 33634

Title: SEC  
Name: POE, MARNI  
Address: 5519 W. IDLEWILD AVENUE  
City-St-Zip: TAMPA, FL 33634

Title: TREA  
Name: AUSHER, JASON  
Address: 5519 W. IDLEWILD AVENUE  
City-St-Zip: TAMPA, FL 33634

Title: VP  
Name: REIS, WILLIAM  
Address: 5519 W. IDLEWILD AVENUE  
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARNI POE

SEC

04/06/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date