

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # K99814

1. Entity Name  
UNITED VENDING SERVICES, INC.



Principal Place of Business  
2550 N. KINGS HIGHWAY  
FORT PIERCE, FL 34951

Mailing Address  
2550 N. KINGS HIGHWAY  
FORT PIERCE, FL 34951

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 28, 2004 8:00 am  
Secretary of State**

04-28-2004 90179 041 \*\*\*150.00

**94069458**



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0141122	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STORY, WILLIAM KENNETH  
2550 N. KINGS HIGHWAY  
FT. PIERCE, FL 34951

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STORY, WILLIAM K. 804 S. OCEAN DR. #206 1730 N. DOVETAIL DR. FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

WILLIAM K. STORY, PES.

SIGNATURE: *W. K. Story, PES.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04 772/464-1889  
Daytime Phone #