

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L18139

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**Entity Name:** QUALITY SNACKS & VENDING, INC.

**Current Principal Place of Business:**

1491 QUALITY WAY  
TALLAHASSEE, FL 323033162

**New Principal Place of Business:**

**Current Mailing Address:**

1491 QUALITY WAY  
TALLAHASSEE, FL 323033162

**New Mailing Address:**

**FEI Number:** 59-2993278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PULSIFER, BRIAN D  
3900 MAYFLOWER CT.  
TALLAHASSEE, FL 32303 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: P  
Name: PULSIFER, DAVID B  
Address: 8585 MARQUIS ST.  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VST  
Name: PULSIFER, BRIAN D  
Address: 3900 MAYFLOWER COURT  
City-St-Zip: TALLAHASSEE, FL 32303

Title: V  
Name: EDEWAARD, KEVIN P  
Address: 5223 OUTWOOD MILL LANE  
City-St-Zip: TALLAHASSEE, FL 32309

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: BRIAN D. PULSIFER

VST

01/28/2011

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

\_\_\_\_\_  
Date