


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90017 030 ***150.00

DOCUMENT # L71688
1. Entity Name
BOB'S VENDING SERVICE, INC.



Principal Place of Business
3545 US 1 SOUTH
208
ST AUGUSTINE FL 32086
US

Mailing Address
3545 US 1 SOUTH
208
ST AUGUSTINE FL 32086
US



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2983125
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BERGMANN, ROBERT W.
320 ARPIEKA AVE
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent
Name DONALD E. BERGMANN
Street Address (P.O. Box Number is Not Acceptable)
11 NORTH ST. AUGUSTINE BLVD.
City ST. AUGUSTINE FL Zip Code 32080

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: Donald E Bergmann
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	VPD BERGMANN, ROBERT W. <input checked="" type="checkbox"/> Delete 320 ARPIEKA AVE ST AUGUSTINE FL DECEASED
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERGMANN, MARY H. <input type="checkbox"/> Delete 320 ARPIEKA AVE ST AUGUSTINE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERGMANN, DONALD E <input type="checkbox"/> Delete 11 ST AUGUSTINE BLVD ST AUGUSTINE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: Donald E Bergmann - President 2/28/07 904-797-2047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #