

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L82013	
1. Entity Name PREMIER VENDING SERVICE, INC.	

Principal Place of Business 4545 ST. AUGUSTINE RD. JACKSONVILLE FL 32207 US	Mailing Address C/O STEVEN E. PEEL 10146 VILLAGE GROVE DR W JACKSONVILLE FL 32257 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/05)
4. FEI Number 59-3041540	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEEL, STEVEN E 4545 ST. AUGUSTINE RD. JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PEEL, STEVEN EDWARD 10146 VILLAGE GROVE DR W JACKSONVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add 000000498647 04/22/06-80022-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PEEL, STEVEN EDWARD 10146 VILLAGE GROVE DR W JACKSONVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PEEL, DEBORA L. 10146 VILLAGE GROVE DR W JACKSONVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD PADGETT, ANTHONY J 3144 BELDEN CIR JACKSONVILLE FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah L. Peel* **DEBORA L. PEEL** 4/4/06