


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90241 045 ***150.00

DOCUMENT #L82013 1. Entity Name PREMIER VENDING SERVICE, INC.	
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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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04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3041540	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 PEEL, STEVEN E 4545 ST. AUGUSTINE RD. JACKSONVILLE, FL 32207
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PTD PEEL, STEVEN EDWARD 10146 VILLAGE GROVE DR W JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PEEL, STEVEN EDWARD 10146 VILLAGE GROVE DR W JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD PEEL, DEBORA L. 10146 VILLAGE GROVE DR W JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D PADGETT, ANTHONY J 3144 BELDEN CIR 11344 EMULNESS RD JACKSONVILLE, FL 32207 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D Barbara Padgett 11344 EMULNESS RD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4. 10.08 904-730-8056