# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 16, 2009**
**Secretary of State**

DOCUMENT# L82013

**Entity Name:** PREMIER VENDING SERVICE, INC.

**Current Principal Place of Business:**

4545 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

2815 MERCURY RD.
JACKSONVILLE, FL 32207 US

**Current Mailing Address:**

C/O STEVEN E. PEEL
10146 VILLAGE GROVE DR W
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

**FEI Number: 59-3041540** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PEEL, STEVEN E
4545 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32207 US

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

PEEL, STEVEN E
2815 MERCURY RD.
JACKSONVILLE, FL 32207 US

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: 02/16/2009
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete
Name: PEEL, STEVEN EDWARD
Address: 10146 VILLAGE GROVE DR W
City-St-Zip: JACKSONVILLE, FL

Title: C ( ) Delete
Name: PEEL, STEVEN EDWARD
Address: 10146 VILLAGE GROVE DR W
City-St-Zip: JACKSONVILLE, FL

Title: VSD ( ) Delete
Name: PEEL, DEBORA L.
Address: 10146 VILLAGE GROVE DR W
City-St-Zip: JACKSONVILLE, FL

Title: VPD ( ) Delete
Name: PADGETT, ANTHONY J
Address: 11344 EMLINESS RD.
City-St-Zip: JACKSONVILLE, FL 32218\

Title: VPSD ( ) Delete
Name: PADGETT, BARBARA
Address: 11344 EMMUNESS RD.
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA PADGETT VPSD 02/16/2009
Electronic Signature of Signing Officer or Director — Date