2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P00000104472** 1. Entity Name CMF VENDING MANAGEMENT, INC. Principal Place of Business Mailing Address 12373 FOURTH STREET 1035 SAN MATEO DRIVE PUNTA GORDA, FL 33950-4811 PUNTA GORDA, FL 33950-6364 US 03012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1053459 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FICKETT, CHARLES B DO NOT WRITE 12373 FOURTH STREET FORT MYERS, FL 33905 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 Signature, typed or printed name of registered agent and rife if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing U00000001 **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 03/12/04-80010-011 **150.00** OFFICERS AND DIRECTORS 10. TITLE FICKETT, CHARLES B NAME STREET ADDRESS 12373 FOURTH STREET FT MYERS, FL 33905 CITY - ST - ZIP THE FICKETT, MICHELLE W NAME STREET ADDRESS 12373 FOURTH STREET City-ST-ZIP FT MYERS, FL 33905 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachinest with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles B. Fickett

Date

3/21/04

FILED

Mar 12, 2004 08:00 AM

Daylime Phone #