



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000104472			
1. Entity Name CMF VENDING MANAGEMENT, INC.			
Principal Place of Business 12373 FOURTH STREET PUNTA GORDA, FL 33950-4811		Mailing Address 1035 SAN MATEO DRIVE PUNTA GORDA, FL 33950-6364 US	
DO NOT WRITE IN THIS SPACE			
		 01262006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1053459	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
6. Name and Address of Current Registered Agent FICKETT, CHARLES B 12373 FOURTH STREET FORT MYERS, FL 33905		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 _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE	PS		
NAME	FICKETT, CHARLES B		
STREET ADDRESS	12373 FOURTH STREET		
CITY-ST-ZIP	FT MYERS, FL 33905		
TITLE	VPT		
NAME	FICKETT, MICHELLE W		
STREET ADDRESS	12373 FOURTH STREET		
CITY-ST-ZIP	FT MYERS, FL 33905		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		CHARLES B. FICKETT 1/27/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	