## **2008 FOR PROFIT CORPORATION**

## **FILED** Jan 14, 2008 08:00 AM Secretary of State

239-877-7225

Daytime Phone #

Applied For

Not Applicable

ANN	UAL REPORT	Jan 14, 2008 08:			
DOCUMENT # P00000106254  1. Entity Name H20 VENDING INC.					Secretary of S
Principal Place of Business	Mailing Address				
997 N. COLLIER BLVD MARCO ISLAND, FL 34145	P.O. BOX 1458 Marco Island, Fl 341	45			
DO NOT ME	<b>DAGE</b>			CR2E034 (11/05)	
DO NOT WRITE IN THIS SPA		PACE	4. FEI Numbe		Applied Fe
· ·			65-106	0432	Not Applic

				5. Certificate	of Status Desired	Fee Required			
6. Name and Address of Current Registered Agent							_		
KOWALSKI, DAVID J 1953 SHEFFIELD AVE MARCO ISLAND, FL 34145				DO NOT WRITE IN THIS SPACE					
	e named entity submits this statement for the p tions of registered agent.	urpose of changing its regis	tered office or re	egistered agent, or bo	th, in the State of Flo	rida. I am familiar with, and acce	pt		
SIGNATURE.	Signature, typed or printed name of registered agent and little	fapplicable (NOTE Regis	tered Agent signature	required when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fi     Trust Fund Contribution		\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECT	TORS					_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOWALSKI, DAVID J 1953 SHEFFIELD AVE. MARCO ISLAND, FL 34145								
NAME STREET ADDRESS, CITY-ST-ZIP					U00000 01/16/08-	783563 80019-016 150.00			
INTLE NAME STREET ADDRESS CITY-ST-ZIP			:	DO	NOT W	RITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP	ACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s								
NAME NAME STREET ADDRESS	Company of the Compan	en ga in Nada Samura ay in Nada Samurana ay sa a sa a sa a sa a sa a sa a sa	n o construction	en i de en	зынув примен жүнөкө	git yan kangi garang sang	•		
CITY-ST-ZIP +.	脚嘴 化气管 60 拉姆斯 20 30 30 30		1			100 TO 100			

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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR