

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000011736

1. Entity Name
DNA VENDING CORPORATION



FILED

04 AUG -6 PM 1:10

Principal Place of Business
209 SW 46TH ST
CAPE CORAL, FL 33914

Mailing Address
209 SW 46TH ST
CAPE CORAL, FL 33914

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/26/04 90508 046 # 150⁰⁰



DO NOT WRITE IN THIS SPACE

07202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1075193
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, DALE E
209 SW 46TH ST
CAPE CORAL, FL 33914

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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 *Dale E Allen* (T.R.E.)

7-20-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALLEN, NICHOLAS A
STREET ADDRESS	209 SW 46TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	DTV
NAME	ALLEN, DALE E
STREET ADDRESS	209 SW 46TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 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: *Dale E Allen* Treasury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-04 239-565-1936

Date Daytime Phone #