

## ANNUAL REPORT

DOCUMENT # P01000118947

1. Entity Name  
MORKAN VENDING GROUP, INC.

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90002 008 \*\*\*150.00

Principal Place of Business *206W*  
 1880 SOUTH OCEAN DRIVE #~~304W~~  
 HALLANDALE, FL 33009-7611

Mailing Address *206W*  
 1880 SOUTH OCEAN DRIVE #~~304W~~  
 HALLANDALE, FL 33009-7611



07082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 26-0004019

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

MOORE, RICHARD  
 1880 SOUTH OCEAN DRIVE #~~304W~~ *206W*  
 HALLANDALE, FL 33009-7611

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
 corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE DP  
 NAME MOORE, RICHARD  
 STREET ADDRESS 1880 SOUTH OCEAN DRIVE #~~304W~~ *206W*  
 CITY-ST-ZIP HALLANDALE, FL 330097611

TITLE DS  
 NAME DURKAN, SEAN  
 STREET ADDRESS 1880 SOUTH OCEAN DRIVE #~~304W~~ *206W*  
 CITY-ST-ZIP HALLANDALE, FL 330097611

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 \_\_\_\_\_