

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

01-18-2005 90030 025 ***150.00

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02092005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000066607					
1. Entity Name VENDING WORLD, INC.					
Principal Place of Business VENDING WORLD 2164 MUSKOGEE TRAIL NOKOMIS, FL 34275			Mailing Address 2164 MUSKOGEE TRAIL NOKOMIS, FL 34275		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number XXXXXXXXXX	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PEDER, JANSSON 2664 MUSKOGEE TRAIL NOKOMIS, FL 34275				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Name: <u>Robert James Hitt</u> Street Address (P.O. Box Number is Not Acceptable): <u>215 Glen Oak Rd.</u> City: <u>Venice</u> FL Zip Code: <u>34293</u>	
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: <u>James Hitt</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>2/8/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANSSON, PEDER M		NAME	Robert J. Hitt	
STREET ADDRESS	2164 MUSKOGEE TRAIL		STREET ADDRESS	215 Glen Oak Rd.	
CITY - ST - ZIP	MYAKKA CITY, FL 34251		CITY - ST - ZIP	Venice FL 34293	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERWOOD, TAN		NAME	Suzanne Lynn Hitt	
STREET ADDRESS	28402 102ND DRIVE EAST		STREET ADDRESS	215 Glen Oak Rd.	
CITY - ST - ZIP	MYAKKA CITY, FL 34251		CITY - ST - ZIP	Venice FL 34293	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>James Hitt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>2/8/05</u> 941 Daytime Phone #: <u>504 9221</u>	