

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90033 025 ***150.00

DOCUMENT # P02000076019

1. Entity Name
MASH VENDING, INC.



Principal Place of Business

P O BOX 1012
PERRY, FL 32348

Mailing Address

P O BOX 1012
PERRY, FL 32348

DO NOT WRITE IN THIS SPACE



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2285250

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MASH, MICHAEL S
1050 CLINT SHAW ROAD
PERRY, FL 32347

**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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MASH, MICHAEL S
STREET ADDRESS	1050 CLINT SHAW ROAD
CITY-ST-ZIP	PERRY, FL 32348
TITLE	VD
NAME	MASH, DEBRA R
STREET ADDRESS	1050 CLINT SHAW ROAD
CITY-ST-ZIP	PERRY, FL 32348
TITLE	T
NAME	MASH, MICHAEL G
STREET ADDRESS	1050 CLINT SHAW ROAD
CITY-ST-ZIP	PERRY, FL 32348
TITLE	S
NAME	MASH, SHELLY M
STREET ADDRESS	1050 CLINT SHAW ROAD
CITY-ST-ZIP	PERRY, FL 32348
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:

Debra R. Mash
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-05

Date

850-584-4706

Daytime Phone #