## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000076019

Entity Name: MASH VENDING, INC.

FILED Apr 11, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

P O BOX 1012 1050 CLINT SHAW ROAD PERRY, FL 32347 PERRY, FL 32348

**Current Mailing Address: New Mailing Address:** 

P O BOX 1012 PERRY, FL 32348

FEI Number: 56-2285250 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition MASH, MICHAEL S MASH, MICHAEL S Name: Name: 1050 CLINT SHAW ROAD 1050 CLINT SHAW ROAD Address: Address: City-St-Zip:

PERRY, FL 32348 City-St-Zip: PERRY, FL 32347

Title: VD Title: VD (X) Change ( ) Addition () Delete Name: MASH, DEBRA S Name: MASH, DEBRA R 1050 CLINT SHAW ROAD 1050 CLINT SHAW ROAD Address: Address: PERRY, FL 32348 PERRY, FL 32347 City-St-Zip:

Title: (X) Change ( ) Addition () Delete Title:

MASH, MICHAEL G MASH, MICHAEL G Name: Name: 1050 CLINT SHAW ROAD 1050 CLINT SHAW ROAD Address: Address: City-St-Zip: PERRY, FL 32348 City-St-Zip: PERRY, FL 32347

Title: ( ) Delete Title: (X) Change ( ) Addition

MASH, SHELLY M MASH, SHELLY M Name: Name: Address: 1050 CLINT SHAW ROAD Address: 1050 CLINT SHAW ROAD City-St-Zip: PERRY, FL 32348 City-St-Zip: PERRY, FL 32347

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA R. MASH VD 04/11/2006