

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113698

Entity Name: COUNTYWIDE VENDING, INC.

FILED  
Apr 20, 2005  
Secretary of State

## Current Principal Place of Business:

15952 SW 5TH STREET  
PEMBROKE PINES, FL 33027

## New Principal Place of Business:

1680 SW 56 AVENUE  
PLANTATION, FL 33317

## Current Mailing Address:

15952 SW 5TH STREET  
PEMBROKE PINES, FL 33027

## New Mailing Address:

1680 SW 56 AVENUE  
PLANTATION, FL 33317

FEI Number: 13-4211615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, DUSTY  
15952 SW 5TH STREET  
PEMBROKE PINES, FL 33027 US

## Name and Address of New Registered Agent:

FLYNN, TIMOTHY D  
1680 SW 56 AVENUE  
PLANTATION, FL 33317 US

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: TIMOTHY D FLYNN

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FLYNN, TIM  
Address: 15952 SW 5TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FLYNN, TIMOTHY  
Address: 1680 SW 56 AVENUE  
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Change (X) Addition  
Name: FLYNN, ROSA  
Address: 1680 SW 56 AVENUE  
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY FLYNN

D

04/20/2005

Electronic Signature of Signing Officer or Director

Date