

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126518

FILED
Apr 29, 2004
Secretary of State

Entity Name: SOUTH TAMPA VENDING COMPANY

Current Principal Place of Business:

4014 W WATROUS AVE
TAMPA, FL 33629

New Principal Place of Business:

818 S DAVIS BLVD
TAMPA, FL 33606

Current Mailing Address:

4014 W WATROUS AVE
TAMPA, FL 33629

New Mailing Address:

818 S. DAVIS BLVD.
TAMPA, FL 33606

FEI Number: 57-1137959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEIL, CYNTHIA
4014 W WATROUS AVE
TAMPA, FL 33629

Name and Address of New Registered Agent:

HEIL, CYNTHIA
818 S. DAVIS BLVD
TAMPA, FL 33606

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: CYNTHIA HEIL

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEIL, DONALD
Address: 4014 W WATROUS AVE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: HEIL, CYNTHIA
Address: 4014 W WATROUS AVE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HEIL, DONALD
Address: 818 S. DAVIS BLVD
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change () Addition
Name: HEIL, CYNTHIA
Address: 818 S. DAVIS BLVD
City-St-Zip: TAMPA, FL 33606

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: CYNTHIA HEIL

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date