

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000128859

1. Entity Name
PRODUCT VENDING OF FLORIDA, INC.



FILED

05 JAN-3 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08192004 Chg-P 0CR2E034 (10/03)

4. FEI Number **82-0584699** Applied For ☐ Not Applicable ☐

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

Principal Place of Business

9771 SCENIC HIGHWAY
PENSACOLA, FL 32514

Mailing Address

9771 SCENIC HIGHWAY
PENSACOLA, FL 32514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEARS, M. ANN
6160 N. DAVIS HIGHWAY
SUITE 8
PENSACOLA, FL 32504

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reactivating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
NAME **S. VICTORIA LAWRENCE**
STREET ADDRESS **9771 SCENIC HWY**
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **000043609890** ☐ Addition
NAME **12/23/04--01025--009 **150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *S. Victoria Lawrence*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-04

850-293-9828

12-15-04

850-293-4928

December 6, 2004

Product Vending Of Florida, Inc.
9771 Scenic Hwy.
Pensacola, Fla. 32514

I am enclosing the document you requested for reinstatement. I didn't receive the letter requesting the information you needed until recently. I am in Pensacola we were hit by Hurricane Ivan. I am still receiving mail from almost 8 weeks old. I hope this is what you needed for reinstatement. Thank you for your help on this.

Thank You,

Sybil V. Lawrence → owner/president

Sybil V. Lawrence

owner → *S. Victoria Lawrence*
(president)

I, *Sybil Victoria Lawrence* also *S. Victoria Lawrence*
is listed as president/owner of Product Vending of
Fla. I am the only listed officer for
Product vending. Please reinstate. Thank
you.

S. Victoria Lawrence / President
9771 Scenic Hwy
Pensacola, FL.
32514