

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90227 014 \*\*\*150.00

<b>DOCUMENT # P03000023639</b> 1. Entity Name <b>BEST VENDING, INC.</b>					
Principal Place of Business 4400 S. HWY 19-A SUITE 38 MOUNT DORA, FL 32757			Mailing Address 4400 S. HWY 19-A SUITE 38 MOUNT DORA, FL 32757		
2. Principal Place of Business <b>4640 Lake Industrial Blvd</b>			3. Mailing Address <b>4640 Lake Industrial Blvd</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>Tavares, FL</b>			City & State <b>Tavares, FL</b>		
Zip <b>32778</b>			Zip <b>32778</b>		
Country <b>lake</b>			Country <b>lake</b>		
4. FEI Number <b>75-3104939</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>JORDAN, EDWARD P II</b> <b>1460 E HWY 50</b> <b>CLERMONT, FL 34711</b>			7. Name and Address of New Registered Agent Name <b>Tracy Freiner</b> Street Address (P.O. Box Number is Not Acceptable) <b>4640 Lake Industrial Blvd</b> City <b>Tavares</b> <b>FL</b> Zip Code <b>32778</b>		
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 <b>Tracy Freiner</b> DATE <b>4/29/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FREINDER, TRACY 2702 GABLES DR EUSTIS, FL 32726	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>Tracy Freiner</b> <b>4/29/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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