

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133966

FILED
Aug 30, 2005
Secretary of State

Entity Name: HEALTHY VENDING SERVICES, INC.

Current Principal Place of Business:

4821 23RD AVE. SOUTH
ST. PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

4821 23RD AVE. SOUTH
ST. PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 20-1702239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAFFREY, BRIAN
276 7TH AVENUE NE #7
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

STENFORS, NATHAN C PRES
4821 23RD AVENUE SOUTH
ST. PETERSBURG, FL 33711 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: NATHAN STENFORS

08/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT (X) Delete
Name: GAFFREY, BRIAN
Address: 4821 23RD AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: CEO () Delete
Name: STENFORS, NATHAN
Address: 4821 23RD AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: S (X) Delete
Name: STENFORS, NATHAN
Address: 4821 23RD AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: COO (X) Delete
Name: GOLDBERG, LISA
Address: 4821 23RD AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: STENFORS, NATHAN
Address: 4821 23RD AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NATHAN STENFORS

PRES

08/30/2005

Electronic Signature of Signing Officer or Director

Date