


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P04000139400 1. Entity Name E-Z VENDING SERVICE, INC.	
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Principal Place of Business 1617 S TUTTLE AVE SUITE 2A SARASOTA, FL 34239 US	Mailing Address 1617 S TUTTLE AVE SUITE 2A SARASOTA, FL 34239 US
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DO NOT WRITE IN THIS SPACE

03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1763593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DUNN, TED
 1617 S TUTTLE AVE SUITE 2A
 SARASOTA, FL 34239

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGOREK, RANDY 1617 S TUTTLE AVE SUITE 2A SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAHONEY, BRIAN 1617 S TUTTLE AVE SUITE 2A SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T DUNN, TED 1617 S TUTTLE AVE SUITE 2A SARASOTA, FL 34239
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 04/02/08-80034-013 150.00

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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:  3/19/08 957-1771
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #