


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90002 024 ***158.75

DOCUMENT # P93000019104

1. Entity Name
MAJOR MARKET VEND, INC.



Principal Place of Business Mailing Address *#11*

6432 BLACK DAIRY RD N, #11 **6432 BLACK DAIRY RD N, #11** *#11*
SEFFNER, FL 33584 US **SEFFNER, FL 33584 US**

20053927



07252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. *903 PINELLAS BAYWAY S.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-3167938 Not Applicable

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

6. Name and Address of Current Registered Agent

SAVIDGE, NELSON
6432 BLACK DAIRY RD N, #11
SEFFNER, FL 33584

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SAVIDGE, NELSON	
STREET ADDRESS	6432 BLACK DAIRY ROAD N. <i>#7</i> <i>#11</i>	
CITY - ST - ZIP	SEFFNER, FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAVIDGE, MARIE	
STREET ADDRESS	6432 BLACK DAIRY ROAD N. <i>#7</i> <i>#11</i>	
CITY - ST - ZIP	SEFFNER, FL 33584	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 or without other like empowered.

SIGNATURE: *Nelson L Savidge Pres* Date: *7/27/06* Daytime Phone #: *515 1477*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT

Division of Corporations 20053927 Annual Report

Annual Report Help

Document Number

P93000019104

Business Entity Name

MAJOR MARKET VEND, INC.

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address

Suite, Apt. #, etc.

City, State ,

Zip Code & Country

Mailing Address

Address

Suite, Apt. #, etc.

City, State ,

Zip Code & Country

Name and Address of Registered Agent

Name (Last, First, Middle, Title) , ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

Suite, Apt. #, etc.

City, State ,

ATTACHMENT

20053927

Zip Code & Country 33584 US

#P.93000019104

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

[Handwritten Signature] July 11, 2006

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D
Name (Last, First, Middle, Title) SAVIDGE, NELSON

- OR -

Entity Name to serve as Officer/Director _____
Street Address 6432 BLACK DAIRY ROAD N. # 7
City, State SEFFNER, FL
Zip Code & Country 33584

Title D
Name (Last, First, Middle, Title) SAVIDGE, MARIE

- OR -

Entity Name to serve as Officer/Director _____
Street Address 6432 BLACK DAIRY ROAD N. # 7
City, State SEFFNER, FL
Zip Code & Country 33584

Title _____
Name (Last, First, Middle, Title) _____

- OR -

Entity Name to serve as Officer/Director _____