

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000030117

FILED
Apr 23, 2004
Secretary of State

Entity Name: PAR VENDING SERVICES, INC.

Current Principal Place of Business:

5620 MCDONALD AVENUE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

5620 MCDONALD AVENUE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0412203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAUST, PAUL
5620 MCDONALD AVENUE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FAUST, PAUL
Address: 411 AVENUE E
City-St-Zip: KEY WEST, FL 33040

Title: VP (X) Delete
Name: FAUST, PHILLIP
Address: 3725 EAGLE AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: 2VTS () Delete
Name: FAUST, LORRAINE G
Address: 411 AVENUE E
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPTS (X) Change () Addition
Name: FAUST, LORRAINE G
Address: 411 AVENUE E
City-St-Zip: KEY WEST, FL 33040

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: PAUL A FAUST

PD

04/23/2004

Electronic Signature of Signing Officer or Director

Date