

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 29, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P93000050574**

1. Entity Name

C & S VENDING, INC.



Principal Place of Business

335 SAILFISH DRIVE E  
ATLANTIC BEACH, FL 32233

Mailing Address

335 SAILFISH DRIVE E  
ATLANTIC BEACH, FL 32233



04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3174368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CANE, SUSAN C  
335 SAILFISH DRIVE E  
ATLANTIC BEACH, FL 32233

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000138028

04/29/04-80063-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CANE, JOHN G
STREET ADDRESS	335 SAILFISH DRIVE E
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	D
NAME	CANE, SUSAN C
STREET ADDRESS	335 SAILFISH DRIVE E
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	D
NAME	MALEY, BERNARD
STREET ADDRESS	335 SAILFISH DR E
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	D
NAME	MALEY, ELAINE
STREET ADDRESS	335 SAILFISH DR E
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 firms empowered.

**SIGNATURE:**

*Susan C. Cane* Susan C Cane

4-27-04

904 509-5828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #