2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P93000088290

Entity Name: ANTHONY'S SNACKS AND VENDING, INC.

Current Principal Place of Business:

8235 LEO KIDD AVE.
PORT RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

8235 LEO KIDD AVE
PORT RICHEY, FL 34668 US

New Mailing Address:

FEI Number: 59-3218165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONNARUMA, ANTHONY
8235 LEO KIDD AVE.
PORT RICHEY, FL 34668 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: D ( ) Delete
Name: DONNARUMA, ROSE
Address: 5144 HALLALA CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: ST ( ) Delete
Name: BULL, BARBARA
Address: 4612 CYPRESS POND COURT
City-St-Zip: NEW PORT RICHEY, FL

Title: P ( ) Delete
Name: DONNARUMA, ANTHONY
Address: 5144 HALLALA CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: V ( ) Delete
Name: DONNARUMA, LOUIS
Address: 2224 HARRISON DR
City-St-Zip: HOLIDAY, FL 34691

Title: V ( ) Delete
Name: DONNARUMA, STEVEN
Address: 12333 ROSELAND DR
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BARBARA BULL ST 04/27/2004

Electronic Signature of Signing Officer or Director Date