

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000088290 1. Entity Name ANTHONY'S SNACKS AND VENDING, INC.	
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Principal Place of Business 8235 LEO KIDD AVE. PORT RICHEY, FL 34668 US	Mailing Address 8235 LEO KIDD AVE PORT RICHEY, FL 34668 US
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01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3218165	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

DONNARUMA, ANTHONY
8235 LEO KIDD AVE.
PORT RICHEY, FL 34668

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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 _____ 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
After May 1, 2005 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	D DONNARUMA, ROSE 5144 HALLALA CT NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BULL, BARBARA 4812 CYPRESS POND COURT NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONNARUMA, ANTHONY 5144 HALLALA CT NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DONNARUMA, LOUIS 2224 HARRISON DR HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DONNARUMA, STEVEN 12333 ROSELAND DR NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80037-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Kabbeu* _____ Date 1/17/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR