2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000088290

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

Principal Place of Business
8235 LEO KIDD AVE.
PORT RICHEY, FL 34668 US

Mailing Address
8235 LEO KIDD AVE
PORT RICHEY, FL 34668 US

DO NOT WRITE IN THIS SPACE

02292008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3218165

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $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 ______________________________
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DONNARUMA, ROSE
STREET ADDRESS	5144 HALTATA CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	ST
NAME	BULL, BARBARA
STREET ADDRESS	4612 CYPRESS POND COURT
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	P
NAME	DONNARUMA, ANTHONY
STREET ADDRESS	5144 HALTATA CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	V
NAME	DONNARUMA, LOUIS
STREET ADDRESS	2224 HARRISON DR
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	V
NAME	DONNARUMA, STEVEN
STREET ADDRESS	12333 ROSELAND DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/01/08-80001-018 150.00

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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 all other like empowered.

SIGNATURE: [signature] 3/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date