2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90090 021 ***150.00

DOCUMENT # P94000039364

1. Entity Name
S & S VENDING, INC.

Principal Place of Business	Mailing Address
635 CINNAMON CT SATELLITE BEACH, FL 32937-4301 US	635 CINNAMON CT SATELLITE BEACH, FL 32937-4301 US

01312007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1615 COOLING ST		981 E. EAUGALLIE BLVD	
Suite, Apt # etc		Suite, Apt # etc.	
		STE E, PMB 126	
City & State		City & State	
MELBOURNE FL		MELBOURNE, FL	
Zip	Country	Zip	Country
32935	BREVARD	32937-4928	BREVARD

4. FEI Number 59-3250205 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALZMAN, LEONARD G
635 CINNAMON CT
SATELLITE BCH, FL 32937

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1615 COOLING ST.

City MELBOURNE FL Zip Code 32935

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 ______ 2/11/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SALZMAN, LEONARD G		NAME		
STREET ADDRESS	635 CINNAMON CT		STREET ADDRESS	981 E. EAUGALLIE BLVD, STE E, PMB 126	
CITY-ST-ZIP	SATELLITE BEACH, FL 329374301		CITY-ST-ZIP	MELBOURNE, FL 32937-4928	
TITLE	VS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MILLER, LORI		NAME		
STREET ADDRESS	4487 MONTREAUX AVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______ 2/10/07 321.752.6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #