

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000065318

FILED
Apr 10, 2007
Secretary of State

Entity Name: NUMBER ONE VENDING SERVICE, INC.

Current Principal Place of Business:

467 CLARK RD.
JACKSONVILLE, FL 32218

New Principal Place of Business:

8955 BEACH BLVD
JACKSONVILLE, FL 32216

Current Mailing Address:

P.O. BOX 26938
JACKSONVILLE, FL 32226 US

New Mailing Address:

8955 BEACH BLVD
JACKSONVILLE, FL 32216 US

FEI Number: 59-3264595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOMBS, GEORGE C OWNER
467 CLARK RD.
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

MCCOMBS, GEORGE C OWNER
8955 BEACH BLVD
JACKSONVILLE, FL 32216 US

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: GEORGE C. MCCOMBS

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCOMBS, GEORGE C.
Address: 467 CLARK RD.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCOMBS, GEORGE C.
Address: 8955 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GEORGE C, MCCOMBS

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date