2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000004988

1. Entity Name G & L VENDING, INC.



FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

3450 N.E. JACKSONVILLE ROAD OCALA, FL 34479

Mailing Address

3450 N.E. JACKSONVILLE ROAD OCALA, FL 34479



DO NOT WRITE IN THIS SPACE

04172007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-3362080 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, LARRY 3450 N.E. JACKSONVILLE ROAD OCALA, FL 34479

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8	. The above named entity submits this statement for the purpose	of changing its registered office or	r registered agent, or both, in the St	ate 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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS
NAME GRIFFIN, LARRY STREET ADDRESS 6050 SW 18TH CT RD CITY-ST-ZIP OCALA, FL TITLE VP
1 ""4"
STREET ADDRESS 605A0 SW 8TH CT RD CITY-ST-ZIP OCALA, FL
TITLE VP NAME GRIFFIN, ROBERT STREET ADDRESS 6050 SW 18TH CT RD CITY-ST-ZIP OCALA, FL
TITLE VP NAME GRIFFIN, RYAN STREET ADDRESS 6050 SW 18TH CT RD CITY-ST-ZIP OCALA, FL
TITLE VP NAME GRIFFIN, RADLEY STREET ADDRESS 6050 SW 18TH CT RD CITY-ST-ZIP OCALA, FL
TITLE ST NAME GRIFFIN, SONYA STREET ADDRESS CITY-ST-ZIP OCALA, FL 12. I hereby certify that the information supplied with this filing does not qualify for the e

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1887

350 732 4655

Daytime Phone #