

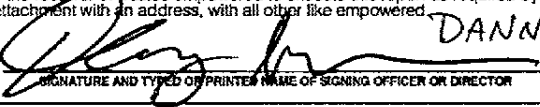


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000008447 1. Entity Name 21ST CENTURY VENDING, INC.			
Principal Place of Business 305 DIVISION AVE #6 ORMOND BEACH, FL 32174		Mailing Address 305 DIVISION AVE #6 ORMOND BEACH, FL 32174	
DO NOT WRITE IN THIS SPACE			
		01062004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3360318	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 SEAMAN, DANNY 305 DIVISION AVE #6 ORMOND BEACH, FL 32174		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U000000142622 04/30/04-80058-021 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	PST		
NAME	SEAMAN, DANIEL E.		
STREET ADDRESS	5 SEABEE CT		
CITY-ST-ZIP	PALM COAST, FL 32164		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		DANNY SEAMAN 4/22/04 386-820-1098 <small>Date Daytime Phone #</small>	