## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000032184

FILED Apr 05, 2004 Secretary of State

Entity Name: PARADISE VENDING OF NORTH FLORIDA, INC.

Current Principal Place of Business:		New Principal Place of Business:		
457 DUC ACKSON	CLAY FORES NVILLE, FL 32	T DRIVE E 2244		
urrent N	/lailing Addr	ess:	New Mailing Addre	ess:
	CLAY FORES NVILLE, FL 32			
El Numbei	r: 59-3374679	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
$A \cap V \cap \cap A$				
he above the Stat	e of Florida. RE:	y submits this statement for the		
he above the Stat	e named entity e of Florida. RE: Electro			red office or registered agent, or both  Date
The above the Stat SIGNATU	e named entity e of Florida. RE: Electro	y submits this statement for the pair of t	ent	red office or registered agent, or both  Date  GES TO OFFICERS AND DIRECTO
he above the Stat IGNATU	e named entity e of Florida.  RE: Electro mpaign Financi S AND DIRE  D ( SUTTON, JOH 7457 DUCLA	y submits this statement for the onic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:	ent	Date
he above the State IGNATU  ection Ca  FFICER  ttle: ame: ddress:	e named entity e of Florida.  RE:  Electro  Electro  S AND DIRE  D ( SUTTON, JOH  7457 DUCLA'  JACKSONVIL  D ( SUTTON, JEF  7457 DUCLA'	y submits this statement for the poinc Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ( ) Delete  HN L  Y FOREST DRIVE E  LE, FL 32244  ( ) Delete	ent  ADDITIONS/CHANG  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN L. SUTTON D 04/05/2004