


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000065060

1. Entity Name
G & B VENDING, INC.



Principal Place of Business 2801 DERBYSHIRE AVENUE LAKELAND, FL 33803	Mailing Address 2801 DERBYSHIRE AVENUE LAKELAND, FL 33803
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03082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3393754	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WENDEL, JOHN F
 C/O WENDEL, CHRITTON & PARKS, CHARTERED
 5300 SOUTH FLORIDA AVENUE
 LAKELAND, FL 33813**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000100383 04/01/04-80004-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BULMAN, BRUCE A 2801 DERBYSHIRE AVE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS GLENN, JOSEPH A 2302 ASHLEY CT PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Bruce A. Bulman Bruce A. Bulman 3/30/04 (863) 682-1743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #