2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2007 08:00 AM DOCUMENT # P96000083371 **Secretary of State** 1. Entity Name J. & N. VENDING CO. Principal Place of Business Mailing Address 367 PINE SPRINGS DR 367 PINE SPRINGS DR DEBARY, FL 32713 US DEBARY, FL 32713 No Chg-P CR2E034 (11/05) 01202007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3410527 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHISANO, NANCY C DO NOT WRITE 367 PINE SPRINGS DR. DEBARY, FL 32713 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000600767 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 01/26/07-80023-022 150.00 10. OFFICERS AND DIRECTORS TITLE SCHISANO, NANCY C MAME STREET ADDRESS 367 PINE SPRINGS DR CITY-ST-ZIP DEBARY, FL 32713 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 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 requirectory Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachroent with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

HINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-07 407-774422

FILED

NANCY C. Schisano