

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90295 020 \*\*\*150.00

DOCUMENT # P96000100781  
 1. Entity Name  
 T & M VENDING SERVICES, INC.



Principal Place of Business: 3200 SUMMIT BLVD. WEST PALM BEACH, FL 33406  
 Mailing Address: 3200 SUMMIT BLVD. WEST PALM BEACH, FL 33406

94048881

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: [Blank]  
 Zip: [Blank] Country: [Blank]

03242004 Chg-P CR2E034 (10/03)  
 4. FEI Number: 65-0728777 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MAJOR, TERRY B SR  
 185 PARKWOOD DR. SOUTH  
 WEST PALM BEACH, FL 33411

7. Name and Address of New Registered Agent  
 Name: Terry B Major SR  
 Street Address (P.O. Box Number is Not Acceptable): 4169 Selberg Lane  
 City: Lake Worth FL Zip Code: 33461

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: Terry B Major DATE: 4-9-04

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

10. OFFICERS AND DIRECTORS

TITLE: D	MAJOR, TERRY B SR.	<input type="checkbox"/> Delete
STREET ADDRESS:	185 PARKWOOD DR. SOUTH	
CITY-ST-ZIP:	ROYAL PALM BEACH, FL 33411	
TITLE:		<input type="checkbox"/> Delete
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Delete
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Delete
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D	Terry B Major SR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	4169 Selberg Lane	
CITY-ST-ZIP:	Lake Worth, FL 33461	
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Terry B Major DATE: 4-9-04 Se: 644-3276  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #