2008 FOR PROFIT CORPORÁTION

FILED Feh 19. 2008 08:00 AM

| ANNUAL REPORT | | | | 100 17, 2000 00:00 1 | | | |
|---|--|--|----------------------------|-----------------------------------|-----------------------|--------------------|-------------------------------|
| DOCUMENT # P96000102744 1. Entity Name G. & G. VENDING SERVICE INC. | | | | | | Secre | tary of State |
| 4020 HARTI | e of Business .EY ROAD LE, FL 32257 | Mailing Address 4020 HARTLEY ROAD JACKSONVILLE, FL 32257 | | | | | |
| | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | CE. | 02042008 No Chg-P CR2E034 (11/05) | | | |
| | | | CE | 4. FEI Number 59-3420 | | | Applied For Not Applicable |
| | | | | 5. Certificate o | f Status Desired | | 8.75 Additional |
| 6. Name and Address of Current Registered Agent COLSON, ANTHONY GEORGE JR 4020 HARTLEY ROAD JACKSONVILLE, FL 32257 | | | | | NOT W | | |
| the obligat | named entity submits this statement for the ions of registered agent. | e purpose of changing its register | ed office or register | red agent, or both | , in the State of Flo | rida. I am fa | miliar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and | itle if applicable. (NOTE: Registere | d Agent signature required | 1 when reinstating) | | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | 9. Election Campaign Finar Trust Fund Contribution. | | .00 May Be led to Fees | U0000 02/27/08 | 1083195 1-80039 | -018 150.00 |
| 10. | OFFICERS AND DIF | RECTORS | | | • | * ; . : | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | PD COLSON, ANTHONY G JR 4020 HARTLEY RD JACKSONVILLE, FL 32257 | | | · · | | ٠ | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | , | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO I | NOT W | RITE | |
| HITE NAME STREET ADDRESS CITY-SI-ZIP | | | IN THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME | | | | | | | |

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 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: A BIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP