

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90274 001 *1,500.00

DOCUMENT # P97000004718

1. Entity Name
E. & A. VENDING, INC.



Principal Place of Business
**8126 SW 1ST MANOR
CORAL SPRINGS, FL**

Mailing Address
**8126 SW 1ST MANOR
CORAL SPRINGS, FL 33071**

66013607



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0724657

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIVETO, CHARLES J
8126 SW 1ST MANOR
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name **Alan Gardner**

Street Address (P.O. Box Number is Not Acceptable)

8126 SW 1st Manor

City **Coral Springs** FL **33071**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/24/06**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GARDNER, ELLEN**
STREET ADDRESS **8126 SW 1ST MANOR**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **D** ☐ Delete
NAME **GARDNER, ALAN**
STREET ADDRESS **8126 SW 1ST MANOR**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: *[Signature]* **Charles M. Diveto, Jr., CPA, PA**
7425 N.W. 4th Street
Plantation, Florida 33317

4/24/06

954.376.30

Date

Daytime Phone #