


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90075 045 ***150.00

DOCUMENT # P97000047699 1. Entity Name WORLD CLASS VENDING, INC.			
Principal Place of Business 14460 60TH STREET NORTH CLEARWATER, FL 33760 US		Mailing Address P.O. BOX 6136 PALM HARBOR, FL 34684 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 468 Klosterman Rd Suite, Apt. #, etc.	
City & State Palm Harbor FL		City & State Palm Harbor FL	
Zip 34683	Country USA	4. FEI Number 59-3447336	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GARBER, JOAN 468 KLOSTERMAN RD PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent Name TARA D. GALANTE Street Address (P.O. Box Number is Not Acceptable) 468 KLOSTERMAN RD City PALM HARBOR FL Zip Code 34683	
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 <u>Tara Galante</u> <u>Pres.</u> <u>3/9/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME GARBER, JOAN STREET ADDRESS 468 KLOSTERMAN ROAD CITY-ST-ZIP PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT NAME GALANTE, TARA D. STREET ADDRESS 468 KLOSTERMAN ROAD CITY-ST-ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST NAME GALANTE, DENISE STREET ADDRESS 468 KLOSTERMAN RD CITY-ST-ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 807, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/9/05</u> Daytime Phone # <u>727-939-8570</u>	