


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000107184	
1. Entity Name AE SPECIALITY VENDING, INC.	

Principal Place of Business 1614 SOUTH MERIDIAN ST. TALLAHASSEE FL 32301	Mailing Address P.O. BOX 21 TALLAHASSEE FL 32302 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3482041		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
HUGHES, J J ESQ. 1017-A THOMASVILLE ROAD TALLAHASSEE FL 32303		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP S ROSSIER, GAIL A <input type="checkbox"/> Delete 1614 SOUTH MERIDIAN ST. TALLAHASSEE FL 32301	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP P ASKEVOLD, INGOLF S <input type="checkbox"/> Delete 1614 SOUTH MERIDIAN STREET TALLAHASSEE FL 32301	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000597600 01/24/07-80037-019 150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gail Rossier **1-18-07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date