


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**


04-10-2007 90018 049 \*\*\*150.00

<b>DOCUMENT # P98000023818</b>	
1. Entity Name <b>JUST RIGHT VENDING, INC.</b>	

Principal Place of Business <b>7265 STATE ROAD 200 SUITE 100 OCALA FL 34476</b>	Mailing Address <b>7265 STATE ROAD 200 SUITE 100 OCALA FL 34476</b>
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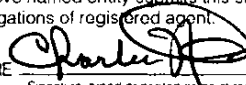
2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>677 Sheppard Way</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>The Villages Fla.</b>	City & State <b>The Villages Fla.</b>
Zip <b>32162</b>	Country <b>Sumter</b>

	
1st MOORE	CR2E034 (10/06)
4. FEI Number <b>59-3399841</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HOLZSCHUH, CHARLES B 7265 STATE ROAD SUITE 100 OCALA FL 34476</b>	
7. Name and Address of New Registered Agent Name <b>Charles Holzschuh</b> Street Address (P.O. Box Number is Not Acceptable) <b>677 Sheppard Way</b> City <b>The Villages</b> FL Zip Code <b>32162</b>	

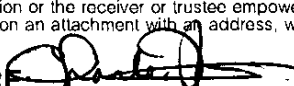
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Charles Holzschuh President Just Right Vending Inc**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLZSCHUH, CHARLES B 7265 S. R. 200 SUITE 100 OCALA FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Holzschuh Charles B. 677 Sheppard Way The Villages Florida 32162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLZSCHUH, CAROL A 7265 S. R. 200 SUITE 100 OCALA FL 34476 <input checked="" 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
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 exemptions contained in Section 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:  **Charles Holzschuh President Just Right Vending Inc**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4-10-07** Daytime Phone # **352-861 0351**