


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000050028	
1. Entity Name FULL SERVICE VENDING SYSTEMS, INC.	

Principal Place of Business 1501 SE 150TH ST. SUMMERFIELD FL 34491	Mailing Address P. O. BOX 3218 BELLEVIEW FL 34421-3218
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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 (10/07)

4. FEI Number 59-3519665	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
REYNOLDS, JOHN 1501 SE 150TH ST. SUMMERFIELD FL 34491	

7. Name and Address of New Registered Agent	
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 requires what role being given) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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-ST-ZIP	D REYNOLDS, JOHN 1501 SE 150TH ST SUMMERFIELD FL 34491	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000876478 04/11/08-80075-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNOLDS, SANDRA 1501 S.E. 150TH ST SUMMERFIELD FL 34491	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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. 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: *Sandra Reynolds, pr. SANDRA REYNOLDS* **3/30/08 352 347-7203**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR