2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

904-733-7631

	ANNUAL	REPORT		, ,	Sec	cretary of S	State
DOCU	MENT # P980000519				J		
1. Entity Name SPARE CHANGE VENDING, INC.							
0,7,1,12,0				']			
Principal Place	e of Business	Mailing Address		1			
4882 JAY BIF		4882 JAY BIRD CIR N					
JACKSONVILL	E, FL 32257	JACKSONVILLE, FL 32257					
<u></u>		** *7-	Y, V 1	_			
John Harris					a (8:5: 10::: 50::: 85::: 66:		
				02122004	No Chg-P	CR2E034 (10/03)	
	O NOT WRITE	IN THIS SPA	ACE	4. FEI Numb			lied For
				59-351		\$9.7E	Applicable tional
	To be the second to	<u> </u>	<u></u>	5. Certificate	of Status Desired	Fee Required	
 	6. Name and Address of Current R	egistered Agent					
GREGORY, LYNDA C 4882 JAY BIRD CIR N				DO	NOT W	RITE	
JACKSONVILLE, FL 32257			***************************************	INI "	THIS SF	ACE	
				114	11110 01	AUL	
8 The shove	named entity submits this statement for	he purpose of changing its regis	tered office or registe	ered agent or bo	oth, in the State of Fig	orida. I am familiar with, a	nd accept
the obligat	ions of registered agent.	so paspood of actualities to regio					
SIGNATURE_	Signature, typed or printed name of registered agent an	Hitle of grankenible /NOTE Regue	4: tered Apent signature requin	ed wher renstalion	<u> </u>	DATE	<u> </u>
	agradia, special transcription of registers agent as		J.		j	1116577	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	S. Election Campaign Fit Trust Fund Contribution		5.00 May Se ided to Fees	04/16/04-	-80070-017 150 	3.00
10.	OFFICERS AND D	IRECTORS					
TITLE NAME	PSTD GREGORY, LYNDA C		İ				
STREET ADDRESS	4882 JAY BIRD CIR N						
CITY-ST-ZIP	JACKSONVILLE, FL 32257		-				
NAME	GREGORY, JAMES D.JR.						
STREET ADDRESS CITY-ST-ZIP	4882 JAY BIRD CIR N JACKSONVILLE, FL 32257		. [
TITLE	· / · · ·		1				
NAME							
STREET ADDRESS CITY-ST-ZIP			Į	DO	NOT W	RITE	
TITLE				IN '	THIS SE	PACE	
NAME STREET ADDRESS							
CITY-ST-ZIP			<u>.</u>				
TITLE			-				
STREET ADDRESS	and the second s						
CITY-ST-ZIP	<u></u>	<u> </u>				4	
TITLE							
NAME STREET ADDRESS							

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 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: