

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90001 023 \*\*\*150.00

**DOCUMENT # P99000081055**

1. Entity Name  
**GS VENDING & REPAIR INC.**



Principal Place of Business  
**589 FAIRVILLA ROAD  
ORLANDO, FL 32808**

Mailing Address  
**589 FAIRVILLA ROAD  
ORLANDO, FL 32808**



06302006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3598381**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCOTT, GERALD T  
589 FAIRVILLA ROAD  
ORLANDO, FL 32808**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SCOTT, GERALD T  
22 HAMMON DR  
APOPKA, FL 32703**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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**

*Gerald Scott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/30/06*

DATE

*407-523-2255*

DAYTIME PHONE #

Please waive fee <sup>ATTACHMENT</sup>  
40097828  
#199000081055

I NEVER RECEIVED DOCUMENT

THANK YOU VERY MUCH

Gerald Scott  
407-523-2255

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