## 2007 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Apr 23, 2007 08:00 Al Secretary of State **DOCUMENT # P99000081055** 1. Entity Name GS VENDING & REPAIR INC. Principal Place of Business Mailing Address 589 FAIRVILLA ROAD **589 FAIRVILLA ROAD** ORLANDO, FL 32808 ORLANDO, FL 32808 No Chg-P CR2E034 (11/05) 04052007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3598381 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SCOTT, GERALD T 589 FAIRVILLA ROAD ORLANDO, FL 32808 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE SCOTT, GERALD T NAME STREET ADDRESS 22 HAMMON DR City-St-ZiP APOPKA, FL 32703 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

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