2008 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Mar 24, 2008 8:00 am Secretary of State

DOCUMENT # P9900081055 1. Entity Name GS VENDING & REPAIR INC.								03-24-200	90065	5 025 ***	*150.00
Principal Place of Business 589 FAIRVILLA ROAD ORLANDO, FL 32808			5	Mailing Address 589 FAIRVILLA ROAD ORLANDO, FL 32808			- 400 		IIL Hait i 1850)		3- 11(111) (1) (41)
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03192008	Chg-P	CR2E	034 (12/06	i)
City & State				City & State			4. FEI Numb			\vdash	Applied For Not Applicable
Zip	Country			Zip Coun		try		e of Status Desired		\$8.75 A Fee Requi	
6. Name and Address of Current Register				stered Agent	red Agent Name			d Address of New I	Registered	Agent	
SCOTT, GERALD T 589 FAIRVILLA ROAD						(P.O. Box Numb	er is Not Acceptabl	e)			
ORLANDO, FL 32808											
					City			Fl	Zip Co	ode	
 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.											
10. OFFICERS AND I						ADDITIONS	/CHANGES TO OF	FICERS AN			
TITLE NAME:	P SCOTT (GERALD T		Delete	<u>:</u> E				☐ Change	e 🗌 Addition	
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CITY-ST-ZIP				E potos	-ST-ZIP				☐ Change	e 🔲 Addition	
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CATY-ST-ZIP					CITY	-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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: Serold Scatt 3/20/08 407-523-2255											
		SIGNATURE AND TYPED (R PRINTE	D NAME OF SIGNING OFFICER	OR DIREC	TOR		Date		Daytime Phone	