

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 30 PM 8:39

DOCUMENT # S63494

1. Entity Name
GREAT AMERICAN VENDING, INCORPORATED



Principal Place of Business
3421 ENTERPRISE WAY
MIRAMAR, FL 33025

Mailing Address
5 CAMPANELLI CIRCLE
SUITE 200
CANTON, MA 02021



07272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0275642

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

Deborah D. Skipper

Deborah D. Skipper

7/30/07

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

(NOTE: Registered agent must sign when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

700107466457
07/07--01054--020 **550.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
HOTCHIN, JOHN
5 CAMPANELLI CIRCLE, STE. 200
CANTON, MA 02021 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Acting CEO/President
Shawn Martin
5 Campelli Circle - Suite 200
Canton, MA 02021 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BRUNO, MARK A
5 CAMPANELLI CIRCLE, STE. 200
CANTON, MA 02021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chief Operating Officer
Brian Bruno
5 Campelli Circle - Suite 200
Canton, MA 02021 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
GLASS, WILLIAM J
5 CAMPANELLI CIRCLE, STE. 200
CANTON, MA 02021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700107466457
08/07/07--01054--021 **8.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
TRUSLOW, JAMES L
5 CAMPANELLI CIRCLE, STE. 200
CANTON, MA 02021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DENNY III, GEORGE P
500 BOYLSTON STREET, STE. 1880
BOSTON, MA 02116 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DENNY, JOHN
500 BOYLSTON STREET, STE. 1880
BOSTON, MA 02116 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

7/27/07 (78) 828-2345 x 142

Date

Daytime Phone #