

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35849

Entity Name: LEE'S VENDING, INC.

FILED  
Feb 21, 2009  
Secretary of State

## Current Principal Place of Business:

340 NW MILLPOND LANE  
PORT SAINT LUCIE, FL 34986

## New Principal Place of Business:

340 NW MILLPOND LANE  
PORT SAINT LUCIE, FL 34986 US

## Current Mailing Address:

340 NW MILLPOND LANE  
PORT SAINT LUCIE, FL 34986

## New Mailing Address:

340 NW MILLPOND LANE  
PORT SAINT LUCIE, FL 34986 US

FEI Number: 65-0331136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HONEYWELL, LELAND T.  
340 NW MILLPOND LANE  
PORT SAINT LUCIE, FL 34986 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HONEYWELL, LELAND T.  
Address: 340NW MILLPOND LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TS ( ) Delete  
Name: HONEYWELL, LELAND T.  
Address: 340 NW MILLPOND LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LELAND T. HONEYWELL

DP

02/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date