

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 30, 2007
Secretary of State**

DOCUMENT# 845817

Entity Name: VECELLIO & GROGAN, INC.

Current Principal Place of Business:

2251 ROBERT C BYRD DRIVE
BECKLEY, WV 25801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2438
BECKLEY, WV 25802 US

New Mailing Address:

FEI Number: 55-0345840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEFREHN, JOHN A
101 SANSBURY'S WAY
WEST PALM BEACH, FL 33411 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

OFFICERS AND DIRECTORS:

Title: S/T () Delete
Name: GWINN, LOMAN L
Address: 2251 ROBERT C. BYRD DRIVE
City-St-Zip: BECKLEY, WV 25801 US

Title: P/D () Delete
Name: VECELLIO, LEO A JR.
Address: 101 SANSBURY'S WAY
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: V () Delete
Name: CASTRODALE, DANTE E
Address: 2251 ROBERT C. BYRD DRIVE
City-St-Zip: BECKLEY, WV 25801 US

Title: V/D () Delete
Name: VECELLIO, KATHRYN C
Address: 101 SANSBURY'S WAY
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: V/D () Delete
Name: VECELLIO, CHRISTOPHER S
Address: 101 SANSBURY'S WAY
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: V/D () Change (X) Addition
Name: VECELLIO, MICHAEL A
Address: 101 SANSBURY'S WAY
City-St-Zip: WEST PALM BEACH, FL 33411 US

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: L.L. GWINN

S/T

08/30/2007

Electronic Signature of Signing Officer or Director

_____ Date