

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000005382

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** VERTICAL EXCELLENCE, INCORPORATED

**Current Principal Place of Business:**

100 PROVIDENCE OAKS POINTE  
ALPHARETTA, GA 30004

**New Principal Place of Business:**

**Current Mailing Address:**

100 PROVIDENCE OAKS POINTE  
ALPHARETTA, GA 30004

**New Mailing Address:**

**FEI Number:** 58-1908228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONCEPTION, CARLOS F  
CONCEPCION & SEXTON, LLP  
999 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 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:** DP  
**Name:** WINARSKI, DANIEL R  
**Address:** 100 PROVIDENCE OAKS POINTE  
**City-St-Zip:** ALPHARETTA, GA 30004

**Title:** DST  
**Name:** WINARSKI, SHERRIE  
**Address:** 100 PROVIDENCE OAKS POINTE  
**City-St-Zip:** ALPHARETTA, GA 30004

**Title:** AS  
**Name:** WINARSKI, SHERRIE  
**Address:** 100 PROVIDENCE OAKS POINTE  
**City-St-Zip:** ALPHARETTA, GA 30004

I hereby 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 all other like empowered.

**SIGNATURE:** SHERRIE D. WINARSKI

VP

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date