


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90138 015 ***158.75

DOCUMENT # H72388	
1. Entity Name INTEGRAL THEFT-PROOF VASE, INC.	

Principal Place of Business 1183 US HWY. #1, N. ORMOND BEACH, FL 32074 32174	Mailing Address 320 WHITE STREET DAYTONA BEACH, FL 32114
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04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2718567	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LETTER, EUGENE
1183 N U.S. HWY 1
ORMOND, FL 32174
ORMOND BEACH**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LETTER, RAYMOND J. 363 WESTCHESTER DRIVE DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LETTER, GRAY P 1183 N U.S. HWY 1 ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LETTER, EUGENE P. 47 ASPEN ST. DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Eugene P. Letter **Eugene P. Letter** 4-9-08 **386-677-5344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #