

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H72388

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: INTEGRAL THEFT-PROOF VASE, INC.

## Current Principal Place of Business:

1183 US HWY. #1, N.  
ORMOND BEACH, FL 32074

## New Principal Place of Business:

1183 US HWY. #1, N.  
ORMOND BEACH, FL 32174

## Current Mailing Address:

320 WHITE STREET  
DAYTONA BEACH, FL 32114

## New Mailing Address:

1183 US HWY. #1, N.  
ORMOND BEACH, FL 32174

FEI Number: 59-2718567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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:

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LETTER, RAYMOND J.,  
Address: 363 WESTCHESTER DRIVE  
City-St-Zip: DELAND, FL

Title: VPD ( ) Delete  
Name: LETTER, GRAY P  
Address: 1183 N U.S. HWY 1  
City-St-Zip: ORMOND BEACH, FL

Title: VPD ( ) Delete  
Name: LETTER, EUGENE P.,  
Address: 47 ASPEN ST.  
City-St-Zip: DAYTONA BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LETTER, RAYMOND J  
Address: 363 WESTCHESTER DRIVE  
City-St-Zip: DELAND, FL

Title: VPD (X) Change ( ) Addition  
Name: LETTER, GARY P  
Address: 1183 N U.S. HWY 1  
City-St-Zip: ORMOND BEACH, FL

Title: VPD (X) Change ( ) Addition  
Name: LETTER, EUGENE P  
Address: 1183 N. U.S. HWY 1  
City-St-Zip: ORMOND BEACH, FL

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: EUGENE P. LETTER

VPD

03/10/2009

Electronic Signature of Signing Officer or Director

Date