


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000046830

1. Entity Name
V6 CORPORATION



Principal Place of Business 304 S HARBOR CITY BLVD. SUITE 201 MELBOURNE, FL 32901	Mailing Address 304 S HARBOR CITY BLVD. SUITE 201 MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3644246	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DETTMER, DALE A
 304 S HARBOR CITY BLVD. SUITE 201
 MELBOURNE, FL 32901**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**U00000099521
 03/31/04-80009-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RENFRO, ROBERT M 304 S HARBOR CITY BLVD. SUITE 201 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DETTM, DALE A 304 S HARBOR CITY BLVD SUITE 201 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HAMILTON, NELSON 304 S HARBOR CITY BLVD SUITE 201 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EULER, ERNEST 304 S HARBOR CITY BLVD SUITE 201 MELBOURNE, FL 32901
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 exemption stated in Section 119.07(3)(i), 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: _____ **3/29/04** **321-723-5446**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #