


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000046830  
 1. Entity Name  
 V6 CORPORATION



Principal Place of Business      Mailing Address  
 304 S HARBOR CITY BLVD, SUITE 201      304 S HARBOR CITY BLVD, SUITE 201  
 MELBOURNE, FL 32901      MELBOURNE, FL 32901

**DO NOT WRITE IN THIS SPACE**



02072005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3644246      Not Applicable

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

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	
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 02/14/05-80038-019 150.00

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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: \_\_\_\_\_      2-11-05      321-723-5646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #