


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000046830 1. Entity Name V6 CORPORATION	
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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



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3644246	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$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 \_\_\_\_\_ 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, 2007 Fee will be \$550.00**

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

000000594376  
 01/22/07-80068-029 150.00

**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 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:  DATE: 1/18/07 DAYTIME PHONE: 321-723-5646