

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90033 035 \*\*\*150.00



**DOCUMENT # P00000046830**

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**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01092008 Chg-P CR2E034 (12/06)

4. FEI Number **59-3644246** Applied For 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**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 file it applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RENFRO, ROBERT M	
STREET ADDRESS	304 S HARBOR CITY BLVD. SUITE 201	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DETTM, DALE A	
STREET ADDRESS	304 S HARBOR CITY BLVD SUITE 201	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HAMILTON, NELSON	
STREET ADDRESS	304 S HARBOR CITY BLVD SUITE 201	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	EULER, ERNEST	
STREET ADDRESS	304 S HARBOR CITY BLVD SUITE 201	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dettmer, Dale A.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Dale A. Dettmer** 1-9-08 (321) 723-5646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #