2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000081828

1. Entity Name
VERTICAL INDUSTRIES INC.

Principal Place of Business	Mailing Address
15 AUTUMNWOOD TRAIL ORMOND BEACH, FL 32174	15 AUTUMNWOOD TRAIL ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

02282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3740034

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, HENRY
15 AUTUMN WOOD
ORMOND BEACH, FL 32174

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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 executing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $530.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, JEANETTE
STREET ADDRESS	15 AUTUMNWOOD TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	S
NAME	RODRIGUEZ, HENRY
STREET ADDRESS	15 AUTUMN WOOD TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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04/29/04-80162-005 150.00

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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: _____ 4.12.04 386-235-4834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #