


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90014 048 ***150.00

DOCUMENT # P01000083240 1. Entity Name VERMILION ENTERPRISES, INC.	
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Principal Place of Business 3802 W DR MARTIN LUTHER KING JR BLVD ONE STEINBRENNER DR. TAMPA, FL 33614	Mailing Address 3802 W DR MARTIN LUTHER KING JR BLVD ONE STEINBRENNER DR. TAMPA, FL 33614
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02292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3754117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 STALLINGS, NORMAN JR 1 STEINBRENNER DR. TAMPA, FL 33614

**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 <u>Norman Stallings, Jr.</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>04/03/2008</u> <small>DATE</small>

(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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEINBRENNER, GEORGE M III 1 STEINBRENNER DR TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUNO, ANTHONY 1 STEINBRENNER DR TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STALLINGS, NORMAN JR 1 STEINBRENNER DR TAMPA, FL 33614
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <u>Norman Stallings, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Secretary</u>	<u>04/03/2008</u> <small>Date</small>
		<u>(813) 673-3103</u> <small>Daytime Phone #</small>