

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101086

FILED
Mar 31, 2009
Secretary of State

Entity Name: VERTICAL INTEGRATION, INC.

Current Principal Place of Business:

600 NORTH WESTSHORE BLVD
#200
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

600 NORTH WESTSHORE BLVD
#200
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3748952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNCAN, ANN
600 NORTH WESTSHORE BLVD
#200
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUNCAN, ANN
Address: 600 NORTH WESTSHORE BLVD #200
City-St-Zip: TAMPA, FL 33609

Title: VP () Delete
Name: STINSON, ACEY L
Address: 1804 MICCOSUKEE COMMONS DRIVE #2
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: VP () Delete
Name: HEISLER, BRUCE
Address: 600 N WESTSHORE BLVD. #200
City-St-Zip: TAMPA, FL 33609 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUNCAN, ANN
Address: 600 NORTH WESTSHORE BLVD., #200
City-St-Zip: TAMPA, FL 33609

Title: VP (X) Change () Addition
Name: STINSON, ACEY L
Address: 1203 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: VP (X) Change () Addition
Name: HEISLER, BRUCE
Address: 600 N WESTSHORE BLVD., #200
City-St-Zip: TAMPA, FL 33609 US

Title: VP () Change (X) Addition
Name: WILKINS, MARK H
Address: 600 N WESTSHORE BLVD., #200
City-St-Zip: TAMPA, FL 33609 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN W. DUNCAN

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date