

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125995

Entity Name: VECCELLIO GROUP, INC.

FILED  
Mar 09, 2012  
Secretary of State

## Current Principal Place of Business:

101 SANSBURY'S WAY  
WEST PALM BEACH, FL 33411

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 15065  
WEST PALM BEACH, FL 33416

## New Mailing Address:

FEI Number: 22-3884861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SULLIVAN, MICHAEL  
101 SANSBURY'S WAY  
WEST PALM BEACH, FL 33411 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

## OFFICERS AND DIRECTORS:

Title: VST  
Name: SMITH, ROBERT D  
Address: 115 CAPE POINTE CIRCLE  
City-St-Zip: JUPITER, FL 33477

Title: VPD  
Name: VECCELLIO, MICHAEL A  
Address: 232 WEST INDIES DR.  
City-St-Zip: PALM BEACH, FL 33480

Title: PD  
Name: VECCELLIO, LEO A JR  
Address: 589 NORTH COUNTY ROAD  
City-St-Zip: PALM BEACH, FL 33480

Title: VPD  
Name: VECCELLIO, KATHRYN C  
Address: 589 NORTH COUNTY ROAD  
City-St-Zip: PALM BEACH, FL 33480

Title: VPD  
Name: VECCELLIO, CHRISTOPHER S  
Address: 742 SLOPE TRAIL  
City-St-Zip: PALM BEACH, FL 33480

Title: AVP  
Name: SULLIVAN, MICHAEL  
Address: 3717 MOON BAY CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: ROBERT D. SMITH

ST

03/09/2012

Electronic Signature of Signing Officer or Director

Date