

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008302

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: VECELLIO MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

101 SANSBURY'S WAY  
WEST PALM BEACH, FL 334113670

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 15065  
WEST PALM BEACH, FL 334165065

## New Mailing Address:

FEI Number: 20-0579135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEFREHN, JOHN A  
101 SANSBURY'S WAY  
WEST PALM BEACH, FL 334113670 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: VECELLIO, LEO A JR  
Address: 210 VIA DEL MAR  
City-St-Zip: PALM BEACH, FL 33480

Title: VPD ( ) Delete  
Name: VECELLIO, CHRISTOPHER  
Address: 742 SLOPE TRAIL  
City-St-Zip: PALM BEACH, FL 33480

Title: VPD ( ) Delete  
Name: VECELLIO, MICHAEL A  
Address: 232 WEST INDIES DRIVE  
City-St-Zip: PALM BEACH, FL 33480

Title: VPD ( ) Delete  
Name: VECELLIO, KATHRYN C  
Address: 210 VIA DEL MAR  
City-St-Zip: PALM BEACH, FL 33480

Title: ST ( ) Delete  
Name: DE FREHN, JOHN A  
Address: 6500 N. MILITARY TRAIL # 14  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SVP ( ) Delete  
Name: SMITH, ROBERT D  
Address: 115 CAPE PT CIR  
City-St-Zip: JUPITER, FL 33477

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: VECELLIO, LEO A JR  
Address: 589 N. COUNTY ROAD  
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: VECELLIO, KATHRYN C  
Address: 589 N. COUNTY ROAD  
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN A DEFREHN

ST

02/04/2009

Electronic Signature of Signing Officer or Director

Date