


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90037 034 \*\*\*150.00

DOCUMENT # P04000100241  
 1. Entity Name  
**VERTICALITY, INC.**



Principal Place of Business Mailing Address  
**26 PONTE VEDRA CIRCLE** **26 PONTE VEDRA CIRCLE**  
**PONTE VEDRA BEACH, FL 32082** **PONTE VEDRA BEACH, FL 32082**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40091867



05112006 Chg-P CR2E034 (11/05)

4. FEI Number **42-1644312** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RAND, CHRISTINE B**  
**26 PONTE VEDRA CIRCLE**  
**PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent  
 Name **William K. Rand**  
 Street Address (P.O. Box Number is Not Acceptable)  
**26 Ponte Vedra Circle**  
 City **Ponte Vedra Beach FL** Zip Code **32082**

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 *William K. Rand* DATE **May 11, 2006**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>RAND, WILLIAM K</b>	
STREET ADDRESS	<b>26 PONTE VEDRA CIRCLE</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>	
TITLE	S/T	<input checked="" type="checkbox"/> Delete
NAME	<b>RAND, CHRISTINE B</b>	
STREET ADDRESS	<b>26 PONTE VEDRA CIRCLE</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>William K. Rand</b>	
STREET ADDRESS	<b>26 Ponte Vedra Circle</b>	
CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William K. Rand, President (William K. Rand)* DATE: **May 11, 2006** DAYTIME PHONE #: **904-962-6809**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR