

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060580

Entity Name: SPINNAKER VERO, INC.

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

1147 US HWY 1
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1147 US HWY 1
VERO BEACH, FL 32960

New Mailing Address:

6400 LILY LANE S W
VERO BEACH, FL 32968

FEI Number: 26-0236768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 S. FLAGLER DR., STE. 1100
WEST PALM BEACH, FL 33401 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: DVS () Delete
Name: BRUNK, CARLENE M
Address: 1147 US HIGHWAY 1
City-St-Zip: VERO BEACH, FL 32960

Title: DPT () Delete
Name: BRUNK, STEVEN G
Address: 1147 US HIGHWAY 1
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change () Addition
Name: BRUNK, CARLENE M
Address: 6400 LILY LANE SW
City-St-Zip: VERO BEACH, FL 32968

Title: DPT (X) Change () Addition
Name: BRUNK, STEVEN G
Address: 6400 LILY LANE SW
City-St-Zip: VERO BEACH, FL 32968

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: STEVEN BRUNK

DPT

02/17/2009

Electronic Signature of Signing Officer or Director

Date