

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111139

Entity Name: VERTICAL MERCHANDISE INC.

FILED
Jan 03, 2008
Secretary of State

Current Principal Place of Business:

202 N. ROME AVENUE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

202 N. ROME AVENUE
TAMPA, FL 33605

New Mailing Address:

FEI Number: 26-1196141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMK ACCOUNTING SERVICES INC
274 WILSHIRE BLVD
220
CASSELBERRY, FL 32707 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: P () Delete
Name: BAKER, KYLE D
Address: 1209-A E 20TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: VP () Delete
Name: LIPPINCOTT, BRYON R
Address: 1209-A E. 20TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: S () Delete
Name: SCHAUB, LOUIS J
Address: 1720 NW 16TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: T (X) Delete
Name: DEMAKES, CHRISTOPHER D
Address: 30420 COLTHURST STREET
City-St-Zip: WESLEY CHAPEL, FL 33545

Title: D () Delete
Name: FIORELLO, VINCENT P
Address: 2358 NW 34TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: MANGANELLI, ROGERIO L
Address: 1054 SW 9TH STREET
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LIPPINCOTT, BRYON R
Address: 1208 E. 20TH AVENUE
City-St-Zip: TAMPA, FL 33605

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

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

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: KYLE D BAKER

P

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date