2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# P07000111139

Entity Name: VERTICAL MERCHANDISE INC.

Current Principal Place of Business:

202 N. ROME AVENUE
TAMPA, FL 33605

New Principal Place of Business:

202 N. ROME AVENUE
TAMPA, FL 33606

Current Mailing Address:

202 N. ROME AVENUE
TAMPA, FL 33605

New Mailing Address:

202 N. ROME AVENUE
TAMPA, FL 33606

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

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:

BAKER, KYLE D
202 N ROME AVE
TAMPA, FL 33606 US

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: KYLE BAKER 02/09/2009
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: 1208 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: 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: ( ) 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 BAKER P 02/09/2009
Electronic Signature of Signing Officer or Director Date