


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000106462**

1. Entity Name  
**VERTEX GROUP, INC.**



Principal Place of Business      Mailing Address

**ROBERT ZELINKA, VERTEX GROUP INC.**  
**15919 LAUREL CREEK DR**  
**DELRAY BEACH, FL 33446**

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**15919 LAUREL CREEK DR**  
**DELRAY BEACH, FL 33446**

**DO NOT WRITE IN THIS SPACE**



04062004    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**65-0806050**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ZELINKA, ROBERT**  
**VERTEX GROUP INC**  
**15919 LAUREL CREEK DR**  
**DELRAY BEACH, FL 33446**

**DO NOT WRITE IN THIS SPACE**

B. 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:       DATE: **4/6/04**

Signature must be in dark ink of registered agent and file if applicable.      (NOTE: Registered Agent signature required when re-stating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

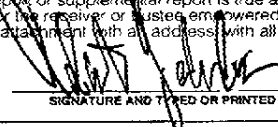
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZELINKA, ROBERT VERTEX GRP INC, 15919 LAUREL CREEK DR DELRAY BEACH, FL 33446
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 all addresses with all other like empowered.

SIGNATURE:       **ROBERT ZELINKA**      DATE: **4/6/04**      Daytime Phone #: **561 638 6461**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #