

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S55201

Entity Name: VERTICAL VILLAGE, INC.

FILED
Apr 15, 2004
Secretary of State

Current Principal Place of Business:

8447 S. FEDERAL HWY.
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

8447 S. FEDERAL HWY.
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0272632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAUGAARD, JAMES
717 SW ASTER RD
PORT ST. LUCIE, FL 34953

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: VP () Delete
Name: DAUGAARD, JOSEPH M.,
Address: 1611 SE MARINER LN
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S () Delete
Name: DAUGAARD, CHRISTINE, M.
Address: 2573 SW DECKARD ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T () Delete
Name: DAUGAARD, CATHERINE,
Address: 2573 SW DECKARD ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: P () Delete
Name: DAUGAARD, JAMES
Address: 717 SW ASTER ROAD
City-St-Zip: PORT ST. LUCIE, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTINE DAUGAARD

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04/15/2004

Electronic Signature of Signing Officer or Director

_____ Date