

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S55201

FILED  
May 14, 2008  
Secretary of State

Entity Name: VERTICAL VILLAGE, INC.

**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      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP      ( ) Delete  
Name: DAUGAARD, JOSEPH M.,  
Address: 2257 SE LEITHGOW ST  
City-St-Zip: PORT ST LUCIE, FL 34952

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 34953

Title: CEO      ( ) Delete  
Name: DAUGAARD, JOHN F  
Address: 2265 SE LEITHGOW ST.  
City-St-Zip: PORT ST. LUCIE, FL 34952

**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: CHRISTINE DAUGAARD

S

05/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date