

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S55201

FILED
Jul 08, 2009
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:

10658 S. FEDERAL HWY.
PORT ST. LUCIE, FL 34952

Current Mailing Address:

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

New Mailing Address:

10658 S. FEDERAL HWY.
PORT ST. LUCIE, FL 34952

FEI Number: 65-0272632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: 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:

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 M. DAUGAARD

S

07/08/2009

Electronic Signature of Signing Officer or Director

_____ Date