## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2007 08:00 AM Secretary of State

| DOCL                          | MENT # P0500006760   | 1   | Secr  | etary (                                      | of State  |                               |  |
|-------------------------------|--|---|---|--|---|-------------------------------|--|
| 1. Entity Nan                 | ne   |   | <b>PA</b> Coppersional Association (Coppersional Association (Coppersiona) (Coppersional Association (Coppersiona) (Coppersiona) (Coppersiona) (Coppersional Association (Coppersiona) (Coppersiona) (Coppersiona) (Coppersiona) (Coppersiona) (Coppersiona) (Cop |  | ·   |                               |  |
| ULTRAC                        | UTS OF PASCO COUNTY, INC   | <b>&gt;.</b>  |   |  |   |                               |  |
| Principal Place               | ce of Business 8   | Mailing Address                                     |   |  |   |                               |  |
|                               |  | PO BOX 47135  |   |  |   |                               |  |
| WESLET CH                     | APEL, FL 33543   | TAMPA, FL 33647                                     |   | 1 10001224 1                                 | 5 <b>22:4: 8</b> 5533 <b>32:</b> 15 <b>23:</b> 11 <b>22:</b> 11 | ##                            | #### (################################ |
|                               |  |   |   |  |   |                               |  |
|                               |  | ~=  | 01152007  | No Chg-P                                     | CR2E034 (1  | 1/05)                         |  |
| <b>L</b>                      | OO NOT WRITE I   | CE  | 4. FEI Numb<br>20-304   |  |   | Applied For<br>Not Applicable |  |
| e voanvena                    |  |   |   |  | of Status Desired   |                               | 5 Additional                           |
|                               | 6. Name and Address of Current Regi                                      | stered Agent  | I   | <u>                                     </u> |   | FeeR                          | equired                                |
| 3543 VAL                      | JOHN ERIC<br>ENCIA COVE COURT<br>AKES, FL 34639                          | DO NOT WRITE<br>IN THIS SPACE                       |   |  |   |                               |  |
|                               | e named entity submits this statement for the tions of registered agent. | purpose of changing its register                    | ed office or registe  | red agent, or bo                             | th, in the State of Florid                                      | da. I am familia              | r with, and accept                     |
| SIGNATURE                     | Signature, typed or printed name of registered agent and title           | e if applicable. (NOTE. Registers                   | ed Agent signature require  | d when reinstating)                          | , , , , ,   | DATE                          |  |
| FIL<br>After M                | E NOW!!! FEE IS \$150.00<br>lay 1, 2007 Fee will be \$550.00             | Election Campaign Final<br>Trust Fund Contribution. |   | .00 May Be<br>led to Fees                    | U00000<br>02/01/07-1  | 609619<br>80058-00            | 3 150.00                               |
| 10.                           | OFFIČERS AND DIRE  | CTORS   |   |  |   |                               | · · · · · · · · · · · · · · · · · · ·  |
| TITLE<br>NAME                 | P<br>YOUNG, ERIC   |   |   |  |   |                               |  |
| STREET ADDRESS                | 1  |   |   |  |   |                               |  |
| TUILE                         | TAMPA, FL 33647  |   |   |  |   |                               |  |
| NAME                          |  |   |   |  |   |                               |  |
| STREET ADDRESS<br>CITY-ST-ZIP |  |   |   |  |   |                               |  |
| INTLE                         |  | ······································              | 1   |  |   |                               |  |
| NAME<br>STREET ADDRESS        |  |   |   |  |   |                               |  |
| CITY-ST-ZP                    |  |   |   | DO   | NOT W   | RITE                          |  |
| TITLE                         |  |   |   | in '   | THIS SP   | ACE                           |  |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 an address, with all other like empowered.

| Q1 | G | M | ١T | 11 | D  | E. |
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AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-07

727-409-3436

Daytime Phone #