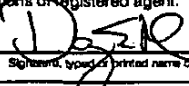


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

01-10-2005 90030 046 ***150.00

DOCUMENT # P93000077428					
1. Entity Name ULTRA CONTRACTORS OF CENTRAL FLORIDA, INC.					
Principal Place of Business 2316 N. RIO GRAND AVE. ORLANDO, FL 32804			Mailing Address 2316 N. RIO GRAND AVE. ORLANDO, FL 32804		
2. Principal Place of Business 2548 N. Orange Blossom Tr. 1		3. Mailing Address ← SAME			
Suite, Apt. #, etc. # 800		Suite, Apt. #, etc.			
City & State Orlando, FL		City & State		4. FEI Number 59-3211080	
Zip 32804		Country ORANGE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, DOUGLAS E. 2316 N. RIO GRAND AVE. ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Douglas E. Miller Street Address (P.O. Box Number is Not Acceptable) 2548 N. Orange Blossom Trail, Suite 800 City Orlando FL Zip Code 32804		
8. 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 1/5/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DOUGLAS E 3112 ARDSLEY DR. ORLANDO, FL 32804 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: 