


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 550199**  
 1. Entity Name  
 UNITED INVESTMENTS, INC. ✓



Principal Place of Business      Mailing Address  
 2933 S. FLORIDA AVE.      2933 S. FLORIDA AVE.  
 SUITE 4      SUITE 4  
 LAKELAND, FL 33803      LAKELAND, FL 33803

**DO NOT WRITE IN THIS SPACE**



01042005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-1772759      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCHARAR, TOM E  
 2933 S FLORIDA AVE  
 SUITE 4  
 LAKELAND, FL 33803

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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: Tom E Scharar      DATE: 1-7-5  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D SCHARAR, TOM E 2933 S FLORIDA AVE #4 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D SCHARAR, DAPHNE 1202 BRIARBROOK HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAS SCHARAR, RYAN 1202 BRIARBROOK HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/10/05-80032-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tom E Scharar      Date: 1-7-5      Daytime Phone #: 863-687-4663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #