

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000000654

Entity Name: UPPER MOHAWK, INC.

FILED
Sep 20, 2010
Secretary of State

Current Principal Place of Business:

410 INDIAN RIVER AVE.
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

410 INDIAN RIVER AVE.
TITUSVILLE, FL 32796 US

New Mailing Address:

FEI Number: 34-1768166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, ANN
1642 KIMBERLY AVE.
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

MUÑIZ, SERGIO C JR.
410 INDIAN RIVER AVE.
TITUSVILLE, FL 32796 US

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: SERGIO C. MUÑIZ, JR.

09/20/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD
Name: BARNES, KEN G
Address: 410 INDIAN RIVER AVE
City-St-Zip: TITUSVILLE, FL 32796 US

Title: PT
Name: BARNES, PATRICIA A
Address: 410 INDIAN RIVER AVE
City-St-Zip: TITUSVILLE, FL 32796 US

Title: S
Name: DENNARD, GLORIA
Address: 410 INDIAN RIVER AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D
Name: HARP, RON
Address: 410 INDIAN RIVER AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D
Name: HICKS, CHARLOTTE
Address: 410 INDIAN RIVER AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D
Name: MUÑIZ, SERGIO C JR.
Address: 410 INDIAN RIVER AVE
City-St-Zip: TITUSVILLE, FL 32796

I hereby 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 all other like empowered.

SIGNATURE: SERGIO C. MUÑIZ, JR.

D

09/20/2010

Electronic Signature of Signing Officer or Director

Date