

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F03000002384

1. Entity Name
UTAH FINANCIAL, INC.



Principal Place of Business
4001 SOUTH 700 EAST #100
SALT LAKE CITY, UT 84107

Mailing Address
4001 SOUTH 700 EAST #100
SALT LAKE CITY, UT 84107

2. Principal Place of Business

189 E. Fort Union Blvd.
Suite, Apt. #, etc.

3. Mailing Address

189 E. Fort Union Blvd.
Suite, Apt. #, etc.



11012006 Chg-P CR2E034 (11/05)

City & State

Midvale, UT

City & State

Midvale, UT

4. FEI Number

87-0647256

Applied For

Not Applicable

Zip

84047

Country

USA

Zip

84047

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL ST
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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	DP CASSITY, BRENDON T 4001 SOUTH 700 EAST #100 SALT LAKE CITY, UT 84107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCCORMICK, BILLIE 4001 SOUTH 700 EAST #100 SALT LAKE CITY, UT 84107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

300082821023
12/28/06--01033--002 **\$61.25

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/06
Date

Daytime Phone #

FILED

06 DEC 20 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA