

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Feb 02, 2004 08:00 AM  
Secretary of State

DOCUMENT # F26156

1. Entity Name  
UNITED FINANCIAL GROUP, INC.



Principal Place of Business  
1133 LOUISIANA AVENUE  
SUITE 200  
WINTER PARK, FL 32789 US

Mailing Address  
P.O. BOX 941313  
MAITLAND, FL 32794-1313 US



01282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2088743	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, HAROLD J.  
453 FLETCHER PLACE  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000024410  
02/02/04-80065-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KAPLAN, HAROLD J 453 FLETCHER PLACE WINTER PARK, FL 32789
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KAPLAN, ANDREW 342 NEBRASKA AVE LONGWOOD, FL 32750
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Kaplan, VP.

Date

Daytime Phone #

1-29-04 407-628-8444