


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F85170</b>	
1. Entity Name <b>UNITED MARKETING ASSOCIATES, INC.</b>	

Principal Place of Business <b>13620 49TH STREET N. CLEARWATER, FL 33762 US</b>	Mailing Address <b>13620 49TH STREET N. CLEARWATER, FL 33762 US</b>
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2198343</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ESCHENROEDER, EDWARD E.  
13300 INDIAN ROCK ROAD  
S2101  
LARGO, FL 33774**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000324841</b> <b>04/22/05-80112-001 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ESCHENROEDER, EDWARD E. 13300 INDIAN ROCKS ROAD S2101 LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ESCHENROEDER, ROGER 13620 49TH STREET N CLEARWATER, FL 33762
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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)(j), 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: Edward E. Eschenroeder **Edward E. ESCHENROEDER** 4/18/05 722 572 6676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Use Time Print one if