


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G41701</b> 1. Entity Name U.G.C. CONSTRUCTION CORPORATION	
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Principal Place of Business 1293 10TH ST. N. NAPLES, FL 34102	Mailing Address P.O. BOX 8423 NAPLES, FL 34101-8423
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<b>DO NOT WRITE IN THIS SPACE</b>
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07062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2297751	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HOGUE, RONALD C., ESQ. 1020 8TH AVE. S., #4, BAYVIEW BLDG. SUITE 4 BAYVIEW BLDG. NAPLES, FL 33940
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000372051 07/11/05 00017-004 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELORES J BRYAN 1293 10TH ST N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRYAN, ELBERT M 1293 10TH ST. N. NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYAN, ELBERT M. 1293 10TH ST. N NAPLES, FL 33940
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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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: <u>Elbert M. Bryan</u> <u>Elbert M. Bryan</u> <u>7-6-05</u> <u>239-261-7344</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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