2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 04, 2005 8:00 am Secretary of State DOCUMENT # G54605 1. Entity Name 04-04-2005 90065 010 ***150.00 U & U SALES COMPANY, INC. Principal Place of Business Mailing Address % LARRY R. UNTERFER % LARRY R. UNTERFER 1610 LARK LANE BRANDON FL 33510 1610 LARK LANE BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address bio Lark 1610 Lark hane Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 59-2315459 Brandon Not Applicable Brandon Country Country \$8.75 Additional Zip 5. Certificate of Status Desired us A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNTERFER, LARRY R. --Street Address (P.O. Box Number is Not Acceptable) 1610 LARK LANE **BRANDON FL 33510** Zip Code City 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE DP TITLE ☐ Change ☐ Addition Delete UNTERFER, LARRY R NAME NAME STREET ADDRESS 1610 LARK LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON, FL 00000 SD TITLE Delete TITLE Change ☐ Addition UNTERFER, KATHRYN J. NAME NAME STREET ADDRESS 1610 LARK LANE STREET ADDRESS CITY-ST-ZIP BRANDON FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete FITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition TITLE Delete ∭Cāange TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-7IP 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 certifythat 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 aerofficer 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 Black 10 or Block 11 if changed, or on an attachment, with all other like empowered.

FILED