

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90058 040 ***150.00

DOCUMENT # G84280

1. Entity Name
ULTIMATE UPKEEP, INC.



Principal Place of Business

**650 W POPE RD
APT #267
ST AUGUSTINE, FL 32080 US**

Mailing Address

**P O BOX 3825
ST AUGUSTINE, FL 32085 US**

2. Principal Place of Business - No P.O. Box #
126 Spoonbill Point Court

3. Mailing Address
126 Spoonbill Point Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Augustine, FL

City & State
St. Augustine, FL

01282008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2368026

Applied For
Not Applicable

Zip
32080

Country
US

Zip
32080

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARDNER, PAUL W
650 W POPE RD
APT #267
ST AUGUSTINE, FL 32080**

Name **Gardner, Paul W**

Street Address (P.O. Box Number is Not Acceptable)
126 Spoonbill Point Court

City **St. Augustine, FL**

FL Zip Code
32080

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GARDNER, PAUL W.
126 SPOONBILL PT. CT.
ST AUGUSTINE, FL 32080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
GARDNER, DIANA L.
126 SPOONBILL PT. CT.
ST AUGUSTINE, FL 32080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul Gardner (Paul Gardner) 3/7/08 471-6281