

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K82947

1. Entity Name  
U CAN II, INC.



Principal Place of Business  
500 S FLORIDA AVE  
4TH FLOOR  
LAKELAND, FL 33801 US

Mailing Address  
500 S FLORIDA AVE  
4TH FLOOR  
LAKELAND, FL 33801 US

550.00



07122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2949550

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HART, JOHN BRIGHAM  
500 S. FLORIDA AVE.  
4TH FLOOR  
LAKELAND, FL 33801

**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)

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

FILED  
04 AUG -2 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HART, JOHN BRIGHAM 500 S. FLORIDA AVE., 4TH FLOOR LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HART, LITA 500 S. FLORIDA AVE., 4TH FLOOR LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WELLS, MARK A 500 S. FLORIDA AVE., 4TH FLOOR LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FITTERMAN, BARRY M 500 S. FLORIDA AVE., 4TH FLOOR LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

700040144557  
08/12/04--01068--001 \*\*800.00

**DO NOT WRITE  
IN THIS SPACE**

700040144557  
08/12/04--01068--002 \*\*475.00

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

Date

Daytime Phone #

*Barry M. Fitterman* Barry M. Fitterman 7/1/04 863-284-1181