

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90072 023 ***150.00

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																																																																																																																																																		
2. Principal Place of Business 304 Clearwater Dr			3. Mailing Address 304 Clearwater Dr																																																																																																																																																		
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City & State Porte Vedra, FL			City & State Porte Vedra, FL																																																																																																																																																		
Zip 32082		Country USA		4. FEI Number 59-2949550																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent HART, JOHN BRIGHAM 500 S. FLORIDA AVE. 4TH FLOOR LAKELAND, FL 33801																																																																																																																																																					
7. Name and Address of New Registered Agent Name: JOHN B HART Street Address (P.O. Box Number is Not Acceptable): 304 Clearwater Dr. Porte Vedra, FL City: FL Zip Code: 32082																																																																																																																																																					
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: <u><i>John B. Hart</i></u> DATE: <u>2/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">HART, JOHN BRIGHAM</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">304 Clearwater Dr.</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">500 S. 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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)(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: <u><i>Lita Hart</i></u> DATE: <u>2/25/05</u> DAYTIME PHONE #: <u>24-280-8454</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																					



Lita Hart
304 Clearwater Dr.
Porte Vedra, FL 32082