

20 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90091 050 ***150.00

DOCUMENT # K97562

1. Entity Name

ULTRA PRINT, INC.



Principal Place of Business

3313 54TH AVE. N.
ST. PETERSBURG FL 33714
US

Mailing Address

3313-54 AVE N
ST PETERSBURG FL 33714
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2962528

Applied For

Not Applicable

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

ROSE, ROBERT C.
3313 54TH AVENUE NORTH
ST. PETERSBURG FL 33714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Catherine J. Rose

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ROSE, ROBERT C.
STREET ADDRESS 5959 102ND AVE. NORTH
CITY-ST-ZIP PINELLAS PARK FL

TITLE D ☐ Delete
NAME ROSE, CATHERINE J.
STREET ADDRESS 5959 102ND AVE. NORTH
CITY-ST-ZIP PINELLAS PARK FL

TITLE D ☐ Delete
NAME ROSE, ROBERT C II
STREET ADDRESS 4215 DRY GLEN ROAD
CITY-ST-ZIP SILVER SPRINGS MD 20815

TITLE ☐ Delete
NAME Richard Charles Rose
STREET ADDRESS 5959- 102 AVE. N.
CITY-ST-ZIP Pinellas Park, FL 33782

TITLE ☐ Delete
NAME Sheila Annel
STREET ADDRESS 1460 Cottonwood Terrace
CITY-ST-ZIP Dunedin, FL 34698

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS 4215 Ivy Glen Road
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Secretary/Treasurer
STREET ADDRESS
CITY-ST-ZIP

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

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:

Catherine J. Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 727-522-0431
Date Daytime Phone #