

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**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**



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**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 *Catherine J. Rose*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/1/08

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**

TITLE	D
NAME	ROSE, ROBERT C.
STREET ADDRESS	5959 102ND AVE. NORTH
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	P
NAME	ROSE, CATHERINE J.
STREET ADDRESS	5959 102ND AVE. NORTH
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	D
NAME	ROSE, ROBERT C II
STREET ADDRESS	4215 IVY GLEN RD
CITY-ST-ZIP	SILVER SPRINGS, MD 20815
TITLE	V
NAME	ROSE, RICHARD C
STREET ADDRESS	5959 102 AVE N
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	ST
NAME	ANNEL, SHEILA
STREET ADDRESS	1460 COTTONWOOD TERRACE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/12/08-80058-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Catherine J. Rose pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08 7275220431

Date Daytime Phone #