

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K97562

FILED
Mar 31, 2009
Secretary of State

Entity Name: ULTRA PRINT, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

3313-54 AVE N
ST PETERSBURG, FL 33714 US

New Mailing Address:

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

FEI Number: 59-2962528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSE, ROBERT C.,
Address: 5959 102ND AVE. NORTH
City-St-Zip: PINELLAS PARK, FL

Title: P () Delete
Name: ROSE, CATHERINE J.,
Address: 5959 102ND AVE. NORTH
City-St-Zip: PINELLAS PARK, FL

Title: D () Delete
Name: ROSE, ROBERT C II,
Address: 4215 IVY GLEN RD
City-St-Zip: SILVER SPRINGS, MD 20815

Title: V () Delete
Name: ROSE, RICHARD C
Address: 5959 102 AVE N
City-St-Zip: PINELLAS PARK, FL 33782

Title: ST () Delete
Name: ANNEL, SHEILA
Address: 1460 COTTONWOOD TERRACE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE J. ROSE

MRS.

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date