


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000006203
 1. Entity Name
UNIVERSAL LAND MANAGEMENT, INC.



| | |
|---|---|
| Principal Place of Business 657 WONDERWOOD DRIVE JACKSONVILLE, FL 32233 | Mailing Address 657 WONDERWOOD DRIVE JACKSONVILLE, FL 32233 |
|---|---|



05132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3642308 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 TOMKOVICH, MICHAEL D
 657 WONDERWOOD DRIVE
 JACKSONVILLE, FL 32233

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TOMKOVICH, MICHAEL D 657 WONDERWOOD DRIVE JACKSONVILLE, FL 32233 |
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Michael D Tomkovich
 UDD000368429
 05/27/05-80001-010 550.00

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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: *Michael D Tomkovich* **5-16-5** **904-739-6965**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #