

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90107 019 ***150.00

DOCUMENT # P00000049036					
1. Entity Name UMC WEKIVA SPRINGS, INC.					
Principal Place of Business 603 MAIN ST WINDERMERE, FL 34786			Mailing Address 603 MAIN ST WINDERMERE, FL 34786		
2. Principal Place of Business		3. Mailing Address P.O. Box 1100			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Windermere, FL		4. FEI Number 59-3645645	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		01242006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent BARKMAN, KEVIN 603 MAIN ST WINDERMERE, FL 34786			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
BARKMAN, KEVIN 603 MAIN ST WINDERMERE, FL 34786			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE BO NAME DIZNEY, DONALD R STREET ADDRESS 603 MAIN STREET CITY-ST-ZIP WINDERMERE, FL 34786	<input type="checkbox"/> Delete		TITLE DCAS NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVC NAME ENGLISH, JAMES E STREET ADDRESS 603 MAIN STREET CITY-ST-ZIP WINDERMERE, FL 34786	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE EVPS NAME BARKMAN, KEVIN STREET ADDRESS 603 MAIN STREET CITY-ST-ZIP WINDERMERE, FL 34786	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE POEO NAME DIZNEY, DAVID A STREET ADDRESS 603 MAIN STREET CITY-ST-ZIP WINDERMERE, FL 34786	<input type="checkbox"/> Delete		TITLE DPCEO NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #