


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000065593
1. Entity Name
UNITED TRIBAL CONTRACTORS, INC.



Principal Place of Business: 8011 LAND O' LAKES BLVD, LAND O' LAKES, FL 34639
Mailing Address: 8011 LAND O' LAKES BLVD, LAND O' LAKES, FL 34639



04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3606556	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHNS, FRANK
8011 LAND O' LAKES BLVD
LAND O' LAKES, FL 34639

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 + \$75
After May 1, 2004 Fee will be \$550.00

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

U00000133968
04/27/04-80109-017 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNS, FRANK
STREET ADDRESS	8011 LAND O LAKES BLVD
CITY - ST - ZIP	LAND O LAKES, FL 34639
TITLE	VP
NAME	WALL, DUANE
STREET ADDRESS	8011 LAND O LAKES BLVD
CITY - ST - ZIP	LAND O LAKES, FL 34639
TITLE	P
NAME	BOHNE, KEVIN
STREET ADDRESS	8011 LAND O LAKES BLVD
CITY - ST - ZIP	LAND O LAKES, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: Kevin Bohne KEVIN BOHNE 4-26-04 813-244-4567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #