

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047590

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: THE ULTIMATE CONNECTION, INC.

## Current Principal Place of Business:

18215 PAULSON DRIVE  
PORT CHARLOTTE, FL 33954

## New Principal Place of Business:

## Current Mailing Address:

200 EAST VENICE AVENUE  
VENICE, FL 34285

## New Mailing Address:

FEI Number: 65-1120849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALROND, ALAN  
200 EAST VENICE AVENUE  
VENICE, FL 34285 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: C ( ) Delete  
Name: DUNN-RANKIN, DEREK  
Address: 200 E VENICE AVE  
City-St-Zip: VENICE, FL 34285

Title: P ( ) Delete  
Name: SANDERS, ALAN  
Address: 18215 PAULSON DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D ( ) Delete  
Name: DUNN-RANKIN, DAVID  
Address: 23170 HARBORVIEW ROAD  
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: D ( ) Delete  
Name: DUNN-RANKIN, DEBBIE  
Address: 23170 HARBORVIEW ROAD  
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: D ( ) Delete  
Name: VEDDER, ROBERT  
Address: 200 E VENICE AVE  
City-St-Zip: VENICE, FL 34285

Title: DST ( ) Delete  
Name: WALROND, ALAN L  
Address: 200 E VENICE AVE  
City-St-Zip: VENICE, FL 34285

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALAN L. WALROND

CFO

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date