## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State DOCUMENT # P02000014616 01-07-2005 90019 007 \*\*\*150.00 WILLIAM UPTON INVESTMENTS, INC. Principal Place of Business Mailing Address 4170 W. SANDY BLUFF DR. 4170 W. SANDY BLUFF DR. 50000645 GULF BREEZE, FL 32563 GULF BREEZE, FL 32563 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01032005 Chg-P CR2E034 (10/03) City & State Applied For City & State 4 FELNumber 90-0003712 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IPTON, WILLIAM UPTONN, WILLIAM D Street Address (P.O. Box Number is Not Acceptable) 4170 W. SANDY BLUFF DR. GULF BREEZE, FL 32563 City 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. Signature, typed or printed name of registered agent and the flaspicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ■ Addition UPTON, WILLIAM D NAME NAME 4170 W. SANDY BLUFF DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32563 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME UPTON, DYANNE L NAME STREET ADDRESS 4170 W. SANDY BLUFF DR. STREET ADDRESS CITY+ST-ZIP GULF BREEZE, FL 32563 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De'ete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it 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.

**FILED** 

Jan 07, 2005 8:00 am