2008 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED Jan 10, 2008 08:00 AM **DOCUMENT # P02000014616 Secretary of State** WILLIAM UPTON INVESTMENTS, INC. Principal Place of Business Mailing Address 4170 W. SANDY BLUFF DR. 4170 W. SANDY BLUFF DR. GULF BREEZE, FL 32563 **GULF BREEZE, FL 32563** 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0003712 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UPTON, WILLIAM D DO NOT WRITE 4170 W. SANDY BLUFF DR. GULF BREEZE, FL 32563 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. Signature, typod or printed name of registered agent and title if applicable. (NOTE; Registered Agent aigneture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE UPTON, WILLIAM D NAME STREET ADDRESS 4170 W. SANDY BLUFF DR. GULF BREEZE, FL 32563 CITY-ST-ZIP U000000777717 D 01/10/08-80018-018 150.00 UPTON, DYANNE L NAME STREET ADDRESS 4170 W. SANDY BLUFF DR. CITY-ST-ZIP GULF BREEZE, FL 32563 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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: AND THE OF PRINTED HAVE OF SIGNATURE AND THE OF PRINTED HAVE OF SIGNATURE AND THE OF PRINTED HAVE OF SIGNATURE AND THE OF SI	WIFFIAM. D. UPTON	1-8-08	850-952-1968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Dete	Daytme Phone #