


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91039 013 \*\*\*150.00

**DOCUMENT # P02000035750**

1. Entity Name  
**ULTIMA ENTERPRISES, INC.**



Principal Place of Business  
**2695 N MILITARY TRAIL  
 SUITE 22  
 W PALM BEACH, FL 33409**

Mailing Address  
**2695 N MILITARY TRAIL  
 SUITE 22  
 W PALM BEACH, FL 33409**

**44037788**



2. Principal Place of Business  
**3951 N. HAVERHILL**

3. Mailing Address  
**3951 N. HAVERHILL Rd**

Suite, Apt. #, etc.  
**SUITE 218**

Suite, Apt. #, etc.  
**SUITE 218**

04192004 Chg-P CR2E034 (10/03)

City & State  
**WEST PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

Zip  
**33417**

Country  
**PALM BEACH**

Zip  
**33417**

Country  
**PALM BEACH**

4. FEI Number  
**61-1408273**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**POTTS, GARY E  
 2695 N MILITARY TRAIL  
 SUITE 22  
 W PALM BEACH, FL 33409**

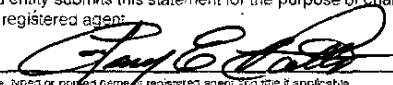
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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  DATE **4-18-04**

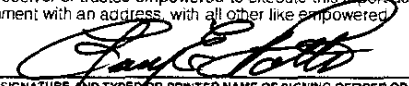
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<b>POTTS, GARY</b> 2695 N MILITARY TRAIL W PALM BEACH, FL 33409	TITLE <b>PRCSIDENT</b>	<b>GARY E. POTTS</b> 3951 N. HAVERHILL RD #218 WEST PALM BEACH, FL 33417
TITLE <b>VP</b>	<b>ROSE, VICKI A</b> 12966 HAMPTON LAKES CIRCLE BOYNTON BEACH, FL 33436	TITLE	
TITLE <b>VP</b>	<b>HALL, PENNY</b> 4935 LAME PANTHER LANE LOXAHATCHEE, FL 33470	TITLE	
TITLE		TITLE	
TITLE		TITLE	
TITLE		TITLE	

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:  DATE **4-18-04** 561-644-7072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #