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.

44037788

04192004 Chg-P CR2E034 (10/03)

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

2. Principal Place of Business	3. Mailing Address
3951 N. HAVERHILL	3951 N. HAVERHILL Rd
Suite, Apt. #, etc.: SUITE 218	Suite, Apt. #, etc.: SUITE 218
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33417 / Country: PALM BEACH	Zip: 33417 / Country: PALM BCH

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	7. Name and Address of New Registered Agent
POTTS, GARY E 2695 N MILITARY TRAIL SUITE 22 W PALM BEACH, FL 33409	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: Gary E Potts — 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	P ☐ Delete	TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	POTTS, GARY	NAME	GARY E. POTTS
STREET ADDRESS	2695 N MILITARY TRAIL	STREET ADDRESS	3951 N. HAVERHILL Rd #218
CITY-ST-ZIP	W PALM BEACH, FL 33409	CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROSE, VICKI A	NAME	
STREET ADDRESS	12966 HAMPTON LAKES CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HALL, PENNY	NAME	
STREET ADDRESS	4935 LAME PANTHER LANE	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ 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 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: Gary E Potts — 4-18-04 — 561-644-7072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #