

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000037284

1. Entity Name
ULTRASCAPES BY POWELL, INC.



**FILED
Apr 04, 2005 8:00 am
Secretary of State**

04-04-2005 90094 026 ***150.00

50033625



03242005 Chg-P CR2E034 (10/03)

Principal Place of Business
6520 209 STREET EAST
BRADENTON, FL 34202

Mailing Address

6520 209 STREET EAST
BRADENTON, FL 34202

2. Principal Place of Business
4133 S. PRARIE VIEW DR.

3. Mailing Address
4133 S. PRARIE VIEW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA, FL

City & State
SARASOTA, FL

Zip
34232

Zip
34232

Country

4. FEI Number
03-0427165

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POWELL, DOUGLAS R
6520 209 STREET EAST 4133 PRARIE VIEW DR
BRADENTON, FL 34202 SARASOTA, FL 34232

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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** Delete
NAME POWELL, DOUGLAS R
STREET ADDRESS **4133 PRARIE VIEW DR.**
CITY-ST-ZIP **BRADENTON, FL 34211 SARASOTA, FL 34232**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
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STREET ADDRESS
CITY-ST-ZIP

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Change Addition
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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: *Douglas R. Powell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/05 (941) 713-5883

Date

Daytime Phone #