

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90033 040 \*\*\*150.00

<b>DOCUMENT # P02000083549</b>					
<b>1. Entity Name</b> UNITED CONSTRUCTION COMPANY OF CENTRAL FLORIDA					
<b>Principal Place of Business</b> 778 COUNTRY WOOD CIR KISSIMMEE, FL 34744			<b>Mailing Address</b> 778 COUNTRY WOOD CIR KISSIMMEE, FL 34744		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		40011661  			
<b>4. FEI Number</b> 22-3860822				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  A1A CORPORATE SERVICES INC. 92 SADBERRY ROAD QUINCY, FL 32351-0000			<b>7. Name and Address of New Registered Agent</b>		
Name			BERNARD SUTTER		
Street Address (P.O. Box Number is Not Acceptable)			3036 BIG SKY BLVD		
City			KISSIMMEE		FL
Zip Code			34744		
<b>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.</b>					
SIGNATURE:					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> CLAMARAMBEAU, BARRY	<input type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> CLAMARAMBEAU, BARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 778 COUNTRY WOOD CIR	KISSIMMEE, FL 34744		<b>STREET ADDRESS</b> 4431 SHANWOOD CT.	ORLANDO, FL 32837	
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> P	<b>NAME</b> PETERSEN, BRIAN	<input type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> PETERSEN, BRIAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 778 COUNTRY WOOD CIR	KISSIMMEE, FL 34744		<b>STREET ADDRESS</b> 5836 RIVERSIDE DR.	PORT ORANGE, FL 32127	
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> 	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> 	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> 	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>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 a power like empowered.</b>					
<b>SIGNATURE:</b>			x 1-31-05 x 407-908-8883		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		