2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Aug 26, 2005 8:00 am Secretary of State 08-26-2005 90003 044 ***550.00

Daytima Phone #

DOCUMENT # P02000088158 1. Entity Name UPRIGHT CADDY CO.									08-20-2003	90003 04	44 *****33	50.00	
Principal Place of Business 20651 WILDCAT RUN DR UNIT 101 ESTERO, FL 33928			20	Mailing Address 20651 WILDCAT RUN DR UNIT 101 ESTERO, FL 33928			21-0	50063570					
2. Principal Place of Business				3. Mailing Address									
20130 Rookery Drive				20130 Rookery Drive					19110 (1311 B311) BBN) 00();	EEMINER II.	L!	IIEO II IEE	
Suite, Apt. #, etc. Fort Myers, F1 33928			Suite, Apt. #, etc. Fort Myers, F1 33928					07252005	Chg-P	CR2E03	34 (10/03)		
City & State			(City & State				4. FEI Numbe 56-2289			⊢	oplied For	
33928	Zip Country 3928			Zip Count 33928				5. Certificate of Status Desired See Regulted Fee Regulted					
6. Name and Address of Current F							7. Name and Address of New Registered Agent						
DE CARLO, ANDREW J				Name									
20651 WIL 101			Street Ad	ddress (I	P.O. Box Numbe	r is Not Acceptable)						
ESTERO, FL 33928											.		
8. The above named entity submits this statement for the					City				FL				
8. The above the obligati	named entity ions of regist	y submits this statement for ered agent.	r the p	urpose of changing its	register	ed office or	register	ed agent, or both	n, in the State of Flo	rida. I am (a	amiliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if appRcable. (NOTE: Registered Agent signature required when reinstating) DATE													
E18	ENOW	FEE IS \$550.00	Ī	9. Election Campa	ion Finar	ncina	e s	00 448-				 .	
	-	tember 7, 2005		Trust Fund Cont			Add	00 May Be ed to Fees					
10.	OFFICERS AND I							ADDITIONS/	CHANGES TO OFFI				
TITLE NAME	MR. DE CARL	O, ANDREW J		C Deleta	TITL.		DeC	arlo, And	drew J.		Change	! Taddition	
STREET ADDRESS	20651 WILDCAT RUN DR			STRE			201	0130 Rookery Drive					
CITY-ST-ZIP	ESTERO,	FL 33928		☐ Delete	CITY	-ST-ZIP	For	t Myers,	F1 33928		☐ Change	☐ Addition	
TITLE NAME				☐ Oelete	NAM	_					☐ Criange	M Addition	
STREET ADDRESS						ET ADDRESS -ST-ZIP							
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NAME				_ 55.50	NAM	E							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP							
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NAME					NAM								
STREET AODRESS CITY-ST-ZIP						ET ADORESS '-st-zip							
TITLE				☐ Delete	īΠ						Change	☐ Addilion	
NAME CYDCET ADDRESS	1				NAA STRI	EET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	1					-ST-ZIP							
TITLE				☐ Delete	TITL						☐ Change	Addition	
NAME STREET ADDRESS					NAA STR	EET ADDRESS							
CHY-ST-ZIP						-ST-ZIP	<u> </u>						
12. I hereby indicated of the corchanged	certify that the on this reportion or to or on an att	e information supplied with int or supplemental report is the receiver or trustee emp achment with an address,	this fi true a owered with all	ling does not qualify for and accurate and that d to execute this report I other like empoweres	r the exemy signated to the contract of the co	mption state ture shall h ired by Cha	ted in Se ave the apter 607	ction 119.07(3)(i same legal effec 7, Florida Statute), Florida Statutes. I t as if made under o s; and that my name	further cert path; that I a appears in	ify that the i m an office n Block 10 o	nformation r or director r Block 11 if	