

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007664

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: ULTIMATE GROOMOBILES, INC.

## Current Principal Place of Business:

PMB 180, 7282 55TH AVE. E.  
BRADENTON, FL 34203

## New Principal Place of Business:

## Current Mailing Address:

PMB 180, 7282 55TH AVE. E.  
BRADENTON, FL 34203

## New Mailing Address:

FEI Number: 58-2017855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KASPER, SHARON  
20303 71ST AVE. EAST.  
BRADENTON, FL 34211 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KASPER, BRUCE  
Address: 20303 71 AVE, E  
City-St-Zip: BRADENTON, FL 34211

Title: TS ( ) Delete  
Name: KASPER, SHARON  
Address: 20303 71 AVE  
City-St-Zip: BRADENTON, FL 34211

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON KASPER

TS

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date