

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000136972

1. Entity Name  
UPULP ENTERPRISES, INC.



Principal Place of Business

31876 US HWY 19 N  
PALM HARBOR, FL 34684

Mailing Address

31876 US HWY 19 N  
PALM HARBOR, FL 34684



**DO NOT WRITE IN THIS SPACE**

04182005 No Chg-P CR2E034 (10/03)

4. FEI Number

34-4439491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

PATANO, MASSIMO  
31876 US HWY. 19 N.  
PALM HARBOR, FL 34684

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IN THIS SPACE**

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 PT  
NAME PATANO, MASSIMO  
STREET ADDRESS 5314 LA PLATA DR.  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE VS  
NAME PATANO, DONNA  
STREET ADDRESS 5314 LA PLATA DR.  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000321165  
04/21/05-80070-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Massimo Patano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MASSIMO PATANO 4-19-05 727 784-1881