2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000137888

1. Entity Name
ULTRA GLASS PLUS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 93075	P.O. BOX 93075
LAKELAND, FL 33804	LAKELAND, FL 33804

DO NOT WRITE IN THIS SPACE

04132005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
33-0994063	Not Applicable

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

6. Name and Address of Current Registered Agent

LACHARITE, RICHARD
900 INDUSTRIAL DR.
WILDWOOD, FL 34785

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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

UNNNNN3N8945
04/16/05-80017-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LACHARITE, DONALD
STREET ADDRESS	1916 US HWY 98 N.
CITY-ST-ZIP	LAKELAND, FL 33804
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Donald J. LaCharite   4/13/05   863 559 2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #