


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000142926	
1. Entity Name DAVID C. UPHAM, INC.	

Principal Place of Business 464 LONGLEY DR. PORT CHARLOTTE, FL 33953	Mailing Address 464 LONGLEY DR. PORT CHARLOTTE, FL 33953
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03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FE Number 20-0408098	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent UPHAM, DAVID C 464 LONGLEY DR. PORT CHARLOTTE, FL 33953

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UPHAM, DAVID C 464 LONGLEY DR. PORT CHARLOTTE, FL 33953
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04/13/06-80010-010 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *David C. Upham* **3/27/06** **-941-204-5064**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #