

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000006058

1. Entity Name
ULTRA PREMIUM CARE INC



Principal Place of Business

**2248 NE 16TH
JENSEN BCH, FL 34957**

Mailing Address

**2248 NE 16TH
JENSEN BCH, FL 34957**



08032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0856336	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AGOSTINELB, ANTHONY
2248 NE 16TH
JENSEN BCH, FL 34957**

**DO NOT WRITE
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 *Anthony Agostinello* **Anthony Agostinello** 8-18-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

UN0000376858
08/22/05-80005-017 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AGOSTINELLO, DENISE
STREET ADDRESS	2248 NE 16TH
CITY-ST-ZIP	JENSEN BCH, FL 34957
TITLE	DM
NAME	AGOSTINELLO, ANTHONY
STREET ADDRESS	2248 NE 16TH
CITY-ST-ZIP	JENSEN BCH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Anthony Agostinello* **Anthony Agostinello** 8-18-05 772-285-3609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #