2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

of the corporation or the

vith an address, with all other like empowered

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2005 8:00 am Secretary of State **DOCUMENT # P04000099573** 05-02-2005 90549 017 ***150.00 ULMÉR CONSTRUCTION OF POLK COUNTY, INC. Principal Place of Business Mailing Address 3502 GROVEVIEW DR 3502 GROVEVIEW DR LAKELAND, FL 33810 LAKELAND, FL 33810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 CR2E034 (10/03) Chg-P 4. FEI Number 8.3-0399681 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Almer BUSH, GEORGE T Street Address (P.O. Box Number is Not Acceptable) 205 AVE K, SE WINTER HAVEN, FL 33880 Groveliew atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity subraits this the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE □ Change Addition TITLE **ULMER, JEFF** NAME 3502 GROVEVIEW DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33810 Delete TIT: F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an efficiency discovery 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 eceiver 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

FILED

Daytime Phone #