

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90106 003 \*\*\*150.00

**DOCUMENT # P05000044925**

1. Entity Name  
**ULTIMATE OUTDOOR PRODUCTS, INC.**



Principal Place of Business Mailing Address  
**155 12TH AVE NE 155 12TH AVE NE**  
**ST PETERSBURG, FL 33701-1 US ST PETERSBURG, FL 33701-1 US**

**50011424**



2. Principal Place of Business 3. Mailing Address  
**4798 C W. WATERS AVE. 4798 C W. WATERS AVE.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

03262006 Chg-P CR2E034 (11/05)

City & State City & State  
**TAMPA, FL TAMPA, FL**

4. FEI Number Applied For  
**20-2565905** Not Applicable

Zip Country Zip Country  
**33634.1314 US 33634.1314 US**

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

**6. Name and Address of Current Registered Agent**

**MCGRATH, MONIKA C**  
**155 12TH AVE NE**  
**ST PETERSBURG, FL 33701**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **MCGRATH, MONIKA C**  
STREET ADDRESS **155 12TH AVE NE**  
CITY-ST-ZIP **ST PETERSBURG, FL 33701**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **STD** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **X 12. J. MONIKA C. MCGRATH** X 3/27/06 **883-881-1575**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #