


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90368 020 \*\*\*150.00

<b>DOCUMENT # P05000065446</b>	
1. Entity Name <b>UPCJ CORPORATION</b>	

Principal Place of Business <b>45 W. GRANADA BLVD. ORMOND BEACH, FL 32174</b>	Mailing Address <b>45 W. GRANADA BLVD. ORMOND BEACH, FL 32174</b>
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40034151



2. Principal Place of Business - No P.O. Box # <b>880 AIRPORT RD</b>	3. Mailing Address <b>880 AIRPORT RD</b>
Suite, Apt. #, etc. <b>Suite 113</b>	Suite, Apt. #, etc. <b>Suite 113</b>
City & State <b>ORMOND BEACH, FL</b>	City & State <b>ORMOND BEACH, FL</b>
Zip <b>32174</b>	Country <b>USA</b>

03072007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-2869514</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>UPSON, WILBUR O 45 W. GRANADA BLVD. ORMOND BEACH, FL 32174</b>	
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7. Name and Address of New Registered Agent Name <b>Jennifer L Upson</b> Street Address (P.O. Box Number is Not Acceptable) <b>880 TIMBER CREEK RD</b> City <b>ORMOND BEACH</b> FL Zip Code <b>32174</b>	
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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 **Wilbur O Upson** **WILBUR O. UPSON** **3/8/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>UPSON, WILBUR O</b>		NAME <b>UPSON, WILBUR O</b>	
STREET ADDRESS <b>580 N. TYMER CREEK RD.</b>		STREET ADDRESS <b>580 N. TYMER CREEK RD.</b>	
CITY-ST-ZIP <b>ORMOND BEACH, FL 32174</b>		CITY-ST-ZIP <b>ORMOND BEACH, FL 32174</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>UPSON, JESSE C</b>		NAME <b>UPSON, JESSE C</b>	
STREET ADDRESS <b>45 W. GRANADA BLVD.</b>		STREET ADDRESS <b>45 W. GRANADA BLVD.</b>	
CITY-ST-ZIP <b>ORMOND BEACH, FL 32174</b>		CITY-ST-ZIP <b>ORMOND BEACH, FL 32174</b>	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>ST</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEAN, CHARLES L</b>		NAME <b>DEAN, CHARLES L</b>	
STREET ADDRESS <b>45 W. GRANADA BLVD.</b>		STREET ADDRESS <b>45 W. GRANADA BLVD.</b>	
CITY-ST-ZIP <b>ORMOND BEACH, FL 32174</b>		CITY-ST-ZIP <b>ORMOND BEACH, FL 32174</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **Jennifer Upson** **Jennifer Upson** **3/8/07** **386-677-0028**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #