

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106051

FILED
Jan 15, 2009
Secretary of State

Entity Name: ULTRA COMMERCIAL CONTRACTORS, INC.

Current Principal Place of Business:

2664 HIAWATHA AVE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

2664 HIAWATHA AVE
SANFORD, FL 32773

New Mailing Address:

FEI Number: 20-3357535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORGES, GREGORY J
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

PORGES, GREGORY J
2664 HIAWATHA AVE
SANFORD, FL 32773 US

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.

SIGNATURE:

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: DREYOVICH, CRAIG S S/T
Address: 410 WINKLER DRIVE
City-St-Zip: ALPHARETTA, GA 30004

Title: MR () Delete
Name: CORNELL, EDWARD C PRES
Address: 410 WINKLER DRIVE
City-St-Zip: ALPHARETTA, GA 30004

Title: MR () Delete
Name: RUST, CHRISTOPHER R VP
Address: 2664 HIAWATHA AVE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: DREYOVICH, CRAIG S S/T
Address: 410 WINKLER DRIVE
City-St-Zip: ALPHARETTA, GA 32773

Title: MR (X) Change () Addition
Name: CORNELL, EDWARD C PRES
Address: 410 WINKLER DRIVE
City-St-Zip: ALPHARETTA, GA 32773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER R RUST

VP

01/15/2009

Electronic Signature of Signing Officer or Director

Date