

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000111859

1. Entity Name  
UPRIGHT 4 X 4, INC.



FILED  
08 SEP 18 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
970 CATTLEMEN ROAD  
SARASOTA, FL 34232

Mailing Address  
970 CATTLEMEN ROAD  
SARASOTA, FL 34232

2. Principal Place of Business - No P.O. Box #  
1705 CATTLEMEN RD

3. Mailing Address  
1705 CATTLEMEN RD

Suite, Apt. #, etc.  
UNIT S1

Suite, Apt. #, etc.  
UNIT S1

City & State  
SARASOTA FL

City & State  
SARASOTA FL

Zip  
34232

Country  
US

Zip  
34232

Country  
US

08142008 Chg-P CR2E034 (12/06)

4. FEI Number  
26-0841236

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RATHEL, DAVID  
970 CATTLEMEN ROAD  
SARASOTA, FL 34232

7. Name and Address of New Registered Agent

Name  
DAVE RATHEL  
Street Address (P.O. Box Number is Not Acceptable)  
1705 CATTLEMEN RD UNIT S1  
City  
SARASOTA FL Zip Code  
34232

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

*David Rethel*

Signature, typed or printed name of registered agent and board applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
RATHEL, DAVID  
3284 SHAWNEE TERRACE  
NORTH PORT, FL 34236 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
PITTENGER, KENNETH  
2228 WALDAMERE STREET  
SARASOTA, FL 34239 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*9/9/08* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DAVE RATHEL  
36205 4th St E  
MYAKKA CITY FLA 34251 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400136249664  
09/23/08--01025--008 \*\*\$150.00 ☐ Change ☐ Addition

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

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

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

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

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:

*David Rethel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/08 941-378 5438  
Date Daytime Phone #