


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90004 034 ***150.00

| | |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P95000073904 |  |
| 1. Entity Name ULTIMATE SWIMWEAR, INC. | |

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|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business 135 BAYWOOD AVE LONGWOOD, FL 32750 | Mailing Address 135 BAYWOOD AVE LONGWOOD, FL 32750 <i>Lowndes Drosdick Doster Kantor & Reed</i> |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

54060207

| | |
|--------------------------------|----------------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address 215 N. Eola Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



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|--------------------------------|--------------|
| City & State Orlando | City & State |
| Zip FL 32801 | Country |

06032004 Chg-P CR2E034 (10/03)

| | |
|------------------------------------------------------------------------------------------------------------------|----------|
| 5. Name and Address of Current Registered Agent FREY, JULIA L 215 N. EOLA DR ORLANDO, FL 32301 | |
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3341540 | Applied For <input type="checkbox"/> Not Applicable |
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|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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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 | DATE |

| | | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST PICERNE, GWYN R 135 BAYWOOD AVE LONGWOOD, FL 32750 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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: <i>Gwyn R. Picerne</i> | Date: <i>(407) 695-0900</i> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |

Gwyn R. Picerne, president

**LOWNDES
DROSDICK
DOSTER
KANTOR &
REED, P.A.**

Attorneys at Law

**215 NORTH EOLA DRIVE
ORLANDO, FLORIDA 32801**

**450 SOUTH ORANGE AVENUE, SUITE 800
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www.lowndes-law.com

GAIL S. ANDRÉ

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E-mail: gail.andre@lowndes-law.com

June 29, 2004

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

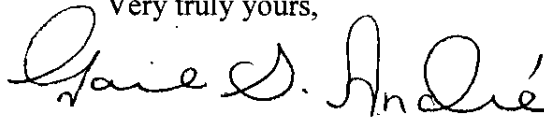
Re: Ultimate Swimwear, Inc.

Dear Sir or Madam:

Enclosed herewith for immediate filing please find a 2004 For Profit Corporation Annual Report for the above-referenced corporation, together with our client's check number 21143 payable to the Department of State in the amount of \$150.00 representing the filing fee of the report.

Thank you for your assistance in this matter. If you have any questions, please feel free to contact me.

Very truly yours,



Gail S. André
Corporate Paralegal to
Julia L. Frey

GSA
Enclosures

/352995

c: Julia L. Frey, Esquire