

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000067794

1. Entity Name
ULTRA SECURTIY WINDOW FILM, INC.



Principal Place of Business
3665 COMMERCIAL WAY
SPRING HILL, FL 34607 US

Mailing Address
3665 COMMERCIAL WAY
SPRING HILL, FL 34607 US

FILED
Apr 09, 2008 08:00 AM
Secretary of State



03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3401499	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KEEFE, GEORGE M III
3665 COMMERCIAL WY
SPRING HILL, FL 34606

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

000000337370
04/21/08-80017-017 150.00

10. OFFICERS AND DIRECTORS

TITLE VP
NAME KEEFE, GEORGE M
STREET ADDRESS 3665 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL, FL

TITLE P
NAME KEEFE, CATHERINE M
STREET ADDRESS 3665 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: CATHERINE M. KEEFE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.21.08 352.666.3636
Date Daytime Phone #