


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000003439**  
 1. Entity Name  
**UNITED TRUST FINANCIAL SERVICES INC.**



Principal Place of Business      Mailing Address  
**P.O. BOX 20082**                      **PO BOX 20082**  
**TAMPA, FL 33622**                      **TAMPA, FL 33622**

**DO NOT WRITE IN THIS SPACE**



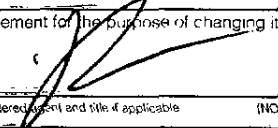
04192005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3418606**                       Not Applicable

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

6. Name and Address of Current Registered Agent  
**SELLAS, JOHN A**  
**4532 W KENNEDY BLVD.**  
**#281**  
**TAMPA, FL 33622**

**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:       DATE: **4-20-05**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

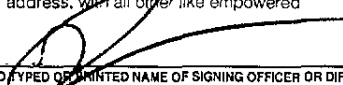
9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SELLAS, JOHN A. PO BOX 20082 TAMPA, FL 33622
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U000000318237  
 04/20/05-80050-013 150.00  
**DO NOT WRITE IN THIS SPACE**

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:       Date: **4-20-05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #