


**FILED**  
**Mar 19, 2005 08:00**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P97000049266</b> 1. Entity Name ULSTER AMERICAN PROPERTIES, INC.	
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Principal Place of Business 2546 JOHN YOUNG PARKWAY KISSIMMEE, FL 34741	Mailing Address 2546 JOHN YOUNG PARKWAY KISSIMMEE, FL 34741
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03112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3454254	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  CULBERTSON, CONNIE 2546 NORTH BERMUDA AVE. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	PD NUTT, SAMUEL J 95 DROMORE RD HILLSBOROUGH/N. IRELAND, bt26 6h6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D THOMPSON, JAMES C 49 ROUGHFORT RD. MALLUSK/N. IRELAND, bt36 4re
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03/19/05-80014-014 150.00

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*SAMUEL J NUTT* 12 MARCH 2005 0044-28926822-25