2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FHED Jan 31, 2005 08:00 AM DOCUMENT # P97000092718 **Secretary of State** 1. Entity Name UNITAH PROPERTIES, INC. Principal Place of Business Mailing Address 101 S HOWARD NO. 11 101 S HOWARD NO. 11 PLANT CITY FL 33563 PLANT CITY FL 33563 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3475178 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIDDLE, WALTER A Street Address (P.O. Box Number is Not Acceptable) 101 S HOWARD STREET **STE 11** PLANT CITY FL 33533 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Delete TOTALE Change U00000204653 RIDDLE, WALTER A NAME **NAME** 01/31/05-80013-016 150.00 STREET ADDRESS 101 S HOWARD NO. 11 STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33563 CITY-ST-ZIP **VSTD** Mit ☐ Delete hitt Change Addition NAME RIDDLE, WALTER A NAME STREET ADDRESS 101 S HOWARD NO. 11 STREET ADORESS CITY-ST-ZIP PLANT CITY FL 33563 CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CGY-ST-7P TITLE Delete III).E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 er like empowered.

Daytime Phone #

IG OFFICER OR DIRECTOR

SIGNATURE: