

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099649

FILED
Jan 07, 2005
Secretary of State

Entity Name: UPPER POND CORPORATION

Current Principal Place of Business:

6148 MIDNIGHT PASS RD
UNIT 3 S
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 765
OLD LYME, CT 06371

New Mailing Address:

68 FLETCHER HALL
KIAWAH ISLAND, FL 29455

FEI Number: 65-0809560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDWARDS, JEROME M
6148 MIDNIGHT PASS ROAD UNIT 3S
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDWARDS, JEROME M
Address: 102 SILL LANE
City-St-Zip: OLD LYME, CT 06371

Title: D () Delete
Name: WEST, JEAN T
Address: 102 SILL LANE
City-St-Zip: OLD LYME, CT 06371

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME M. EDWARDS

DIR

01/07/2005

Electronic Signature of Signing Officer or Director

Date