

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90181 036 \*\*\*150.00

<b>DOCUMENT # P98000093720</b>	
1. Entity Name <b>UNITED GENERAL &amp; ASSOCIATES, INC.</b>	



Principal Place of Business <b>1107 E SILVER SPRINGS BLVD SUITE #8 OCALA, FL 34470</b>	Mailing Address <b>P.O. BOX 1057 OCALA, FL 34478</b>
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**50022314**



2. Principal Place of Business <b>741 NE 3rd Street</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite # 1</b>		Suite, Apt. #, etc.	
City & State <b>Ocala, FL</b>		City & State	
Zip <b>34470</b>	Country <b>USA</b>	Zip	Country

02242005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3540876</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ANDREWS, LAN 1107 EAST SILVER SPRINGS BLVD. OCALA, FL 34470</b>		7. Name and Address of New Registered Agent Name <b>LAN ANDREWS</b> Street Address (P.O. Box Number is Not Acceptable) <b>741 NE 3rd Street # 1</b> City <b>OCALA</b> FL Zip Code <b>34470</b>	
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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 <b>LAN ANDREWS</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>3-1-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANDREWS, LAN 1107 EAST SILVER SPRINGS BLVD. OCALA, FL 34470</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>LAN ANDREWS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>3-1-05</b>	Daytime Phone # <b>352-867-1725</b>
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