


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90020 013 ***158.75

DOCUMENT # P99000013305		
1. Entity Name UNITED CAPITAL GROUP OF FLORIDA, INC.		

Principal Place of Business 81 MATTHEW BLVD. DESTIN FL 32541	Mailing Address 81 MATTHEW BLVD. DESTIN FL 32541
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2. Principal Place of Business 3252 BURN PINE COVE	3. Mailing Address 3252 BURN PINE COVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

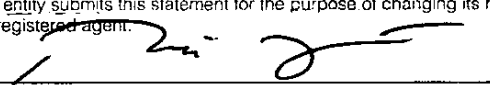
1st MOORE CR2E034 (10/05)

City & State Miramar Beach	City & State Miramar Beach
Zip 32550	Country USA

4. FEI Number 59-3559692	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

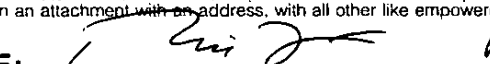
6. Name and Address of Current Registered Agent LIPTON, RICHARD 81 MATTHEW BLVD DESTIN FL 32541	
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7. Name and Address of New Registered Agent Name R. Lipton Street Address (P.O. Box Number is Not Acceptable) 3252 BURN PINE COVE City Miramar Beach FL Zip Code 32550	
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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 	DATE 2-25-06
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PD LIPTON, RICHARD 81 MATTHEW BLVD. 3252 DESTIN FL 32541	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3252 BURN PINE COVE Miramar Beach, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 2-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

Date 850-750-1214