


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000014798 1. Entity Name UNIQUE CONNECTIONS, INC.	
---	---

Principal Place of Business 6473 102ND AVE. N. PINELLAS PARK, FL 33782	Mailing Address 6473 102ND AVE. N. PINELLAS PARK, FL 33782
--	--

DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3560145	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent GROSS, ALAN M ONE PROGRESS PLAZA, NATIONSBANK TOWER STE. 1210 ST. PETERSBURG, FL 33701
--

**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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: _____
---	-------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHAFER, ROGER 9269 PARK BLVD. SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LANDINGHAM, KEN VAN 9269 PARK BLVD. SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHAFER, JOEL D 9269 PARK BLVD. SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHAFER, PHYLLIS 9269 PARK BLVD SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000353588
05/03/05-80072-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Ken VanLandingham Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4/29/05</u>	Daytime Phone #: <u>727-451-2083</u>
--	----------------------	--------------------------------------