

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S20099

Entity Name
UMRS INVESTMENTS, INC.



Principal Place of Business
**123 FIRST STREET NORTH
WINTER HAVEN, FL 33881**

Mailing Address
**123 FIRST STREET NORTH
WINTER HAVEN, FL 33881**

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3038811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROOKS, STEPHEN
123 FIRST STREET NORTH
WINTER HAVEN, FL 33881**

**DO NOT WRITE
IN THIS SPACE**

I, 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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000398103
01/30/06-80082-005 150.00

OFFICERS AND DIRECTORS

NAME
**D
BROOKS, STEPHEN K**
STREET ADDRESS
123 FIRST STREET NORTH
CITY-ST-ZIP
WINTER HAVEN, FL 33881

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1-8-06 863-277-1762