2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2005 08:00 AM

1. Entity Nam JULIUS U Principal Place 1201 DREW	JHRICH ENTERPRISES INC. e of Business ST	Mailing Address PO BOX 105			Secretary of State
CLEARWATER	R. FL 33755	DUNEDIN, FL 34697-010			
D	OO NOT WRITE 6. Name and Address of Current Re		PACE	02022005 No Chg-P 4. FEI Number 59-3054587 5. Certificate of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
1643 WINI	JAMES MICHAEL			DO NOT V IN THIS S	PACE
	named entity submits this stalement for I	he purpose of changing its re-	gistered office or registe	red agent, or both, in the State of	Florida. I am famillar with, and accept
the obligat	tions of registered agent. Signature, typed or printed name of registered agent and	and the second s	September of the septem	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
TO.	OFFICERS AND D	RECTORS	v	and the second s	
NAME STREET ADDRESS CITY-ST-ZIP	UHRICH, JAMES MICHAEL 1643 WINDSOR RD CLEARWATER, FL		espaines recorded to the	UQC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UHRICH, CAROL ANN 1643 WINDSOR RD CLEARWATER, FL			02/17/	05-80054-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UHRICH, JULIUS NICKOLAS 1643 WINDSOR RD CLEARWATER, FL	, me		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				wantak da saku thiri shaku baku baku.	grass service to the common of the
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11.4 · 14.4			
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: JAMES M. UHRICH X AMM M. J 12-05 723-235-1565					
PANDIC	SIGNATURE AND TYPEO OF PR	INTED NAME OF SIGNING OFFICER OF	DIRECTOR	Date —	Osylime Phone #