


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # S59516
 1. Entity Name
 JULIUS UHRICH ENTERPRISES INC.



Principal Place of Business: 1201 DREW ST CLEARWATER, FL 33755
 Mailing Address: PO BOX 105 DUNEDIN, FL 34697-0105

DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3054587 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 UHRICH, JAMES MICHAEL
 1643 WINDSOR RD
 CLEARWATER, FL 34615

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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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	UHRICH, JAMES MICHAEL
STREET ADDRESS	1643 WINDSOR RD
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	UHRICH, CAROL ANN
STREET ADDRESS	1643 WINDSOR RD
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	UHRICH, JULIUS NICKOLAS
STREET ADDRESS	1643 WINDSOR RD
CITY-ST-ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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100000233700
 02/17/05-80854-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: JAMES M. UHRICH *James M. Uhrich* x 2-12-05 727-235-1565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #