


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000004024

1. Entity Name
USA PARKING SYSTEM, INC.



Principal Place of Business 2401 21ST AVENUE SOUTH STE. 200 NASHVILLE, TN 37212	Mailing Address 2401 21ST AVENUE SOUTH STE. 200 NASHVILLE, TN 37212
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DO NOT WRITE IN THIS SPACE

04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1861889	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	S ABBOTT, HENRY J 2401 21ST AVENUE SOUTH, SUITE 200 NASHVILLE, TN 37212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MONROE, CARELL JR 2401 21ST AVENUE SOUTH, SUITE 200 NASHVILLE, TN 37212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BODENHAMER, WILLIAM JR 2401 21ST AVENUE SOUTH, SUITE 200 NASHVILLE, TN 37212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOTTELER, ROBERT 2401 21ST AVENUE SOUTH, SUITE 200 NASHVILLE, TN 37212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCOO EADS, EMANUEL 2401 21ST AVENUE SOUTH NASHVILLE, TN 37212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UD00000339221
 04/28/05-80069-008 150.00

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: Henry J. Abbott 4/27/05 615-287-4255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #