


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G36558**

1. Entity Name  
**U.S.A. REAL ESTATE INCORPORATED**



Principal Place of Business      Mailing Address

1209 44TH AVENUE E.      1209 44TH AVENUE E.  
 BRADENTON, FL 34203      BRADENTON, FL 34203

**DO NOT WRITE IN THIS SPACE**



03302006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2289112**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GLASGOW, L.H.**  
**1209 44TH AVENUE E.**  
**BRADENTON, FL 34203**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ 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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GLASGOW, L. H.
STREET ADDRESS	1209 44TH AVE E
CITY - ST - ZIP	BRADENTON, FL 34203
TITLE	VS
NAME	GLASGOW, MICHAEL S
STREET ADDRESS	1209 44TH AVE E
CITY - ST - ZIP	BRADENTON, FL 34203
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000487635  
 04/14/06-80002-024 150.00

**DO NOT WRITE IN THIS SPACE**

12. 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:** \_\_\_\_\_ **3-29-06 941-756-477**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #