


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # 770502</b> 1. Entity Name <b>UNITED STATES GARAGE ASSOCIATION, INC.</b>	
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Principal Place of Business <b>330 SOUTH PINEAPPLE AVE SARASOTA, FL 34236 US</b>	Mailing Address <b>P.O. BOX 3978 SARASOTA, FL 34230 US</b>
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01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2225808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>MARCUS, ANDREW 330 S. PINEAPPLE AVE., #115 SARASOTA, FL 34236</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	<b>D MRACUS, ROBERT L P.O. BOX 3978 SARASOTA, FL 34230</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MARCUS, ANDREW P.O. BOX 3978 SARASOTA, FL 34230</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD MARCUS, JOYCE E P.O. BOX 3978 SARASOTA, FL 34230</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000399496  
02/01/06-80014-017 61.25

**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 617, 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:**

 **Andrew Marcus**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/19/06 941-957-3329**