

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000001785**

1. Entity Name  
**USA ONE REAL ESTATE, INC.**



Principal Place of Business  
**7340 N.W. U.S. HIGHWAY 27  
OCALA, FL 34482**

Mailing Address  
**7340 N.W. U.S. HIGHWAY 27  
OCALA, FL 34482**



01312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2303020**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WIECHENS, EUGENE A  
445 NE 8TH AVENUE  
OCALA, FL 34470**

**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

**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 **P**  
NAME **ROBERTS, RALPH L SR.**  
STREET ADDRESS **7340 NW US HWY 27**  
CITY-ST-ZIP **OCALA, FL 34482**

TITLE **VP**  
NAME **HIRSCHY, DANIEL J**  
STREET ADDRESS **7340 NW US HWY 27**  
CITY-ST-ZIP **OCALA, FL 34482**

TITLE **SEC**  
NAME **WADE, JEFFREY C**  
STREET ADDRESS **600 GILLAM ROAD**  
CITY-ST-ZIP **WILMINGTON, OH 45177**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UD00000426067  
02/20/06-80030-004 150.00

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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: **RALPH L. ROBERTS SR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-2006 352-369-6969**  
Date Daytime Phone #