

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F01000001785

1. Entity Name  
USA ONE REAL ESTATE, INC.



**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**

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



07082008 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.

000000954088  
07/10/08-80010-022 150.00

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.7.08

Date

352.671.3939

Daytime Phone #