

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90044 016 ***150.00

DOCUMENT # F01935 1. Entity Name USA GROUP, INC.					
Principal Place of Business 1209 44TH AVENUE E. BRADENTON, FL 34203			Mailing Address 1209 44TH AVENUE E. BRADENTON, FL 34203		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1890325	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GLASGOW, LOYD H. 1209 44TH AVENUE E. BRADENTON, FL 34203				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VS NAME GLASGOW, LOYD H. STREET ADDRESS 4608 HWY. 41 NORTH CITY-ST-ZIP PALMETTO, FL			TITLE PTD NAME STREET ADDRESS 1209 44th Ave E CITY-ST-ZIP Bradenton FL 34203		
TITLE V NAME GLASGOW, MICHAEL S. STREET ADDRESS 719 46TH STREET CRT. EAST CITY-ST-ZIP PALMETTO, FL			TITLE VS NAME 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		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____				03/26/2005 941-756-8727	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50032337



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