

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002738	
1. Entity Name USA-800, INC.	
Principal Place of Business 9808 E 66TH TERRACE RAYTOWN, MO 64133	Mailing Address 9808 E 66TH TERRACE RAYTOWN, MO 64133



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1119494	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	WHITE, RON E SR
STREET ADDRESS	4800 AMELIA PARKWAY
CITY - ST - ZIP	AMELIA ISLAND, FL 32034
TITLE	P
NAME	DAVIS, THOMAS E
STREET ADDRESS	2413 SW WINTERGREEN CT
CITY - ST - ZIP	LEE'S SUMMIT, MO 64081
TITLE	V
NAME	DEXTER, WILLIAM
STREET ADDRESS	4308 W 64TH STREET
CITY - ST - ZIP	PRAIRIE VILLAGE, KS 66208
TITLE	S
NAME	WHITE, JEAN
STREET ADDRESS	409 NE THORNBERRY PLACE
CITY - ST - ZIP	LEE'S SUMMIT, MO 64064
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/01/05-80076-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William G Dexter CEO *William G Dexter* 1-22-05 816 358 1303