

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K63846

FILED  
Jun 21, 2010  
Secretary of State

**Entity Name:** USA SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

448 SPRING HAMMOCK COURT  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 520580  
LONGWOOD, FL 32750 US

**New Mailing Address:**

P.O. BOX 520580  
LONGWOOD, FL 32752 US

**FEI Number:** 59-2936530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEIDELMAN, ERIC A  
448 SPRING HAMMOCK COURT  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SEIDELMAN, ERIC A  
Address: 31707 ORANGE ST.  
City-St-Zip: SORRENTO, FL 32776

Title: VP  
Name: LATANZA, MICHAEL J  
Address: 448 SPRING HAMMOCK CT  
City-St-Zip: LONGWOOD, FL 32750

Title: VP  
Name: LATANZA, CARMINE J  
Address: 448 SPRING HAMMOCK CT  
City-St-Zip: LONGWOOD, FL 32750

Title: ST  
Name: LATANZA, CARMINE J  
Address: 448 SPRING HAMMOCK CT  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL LATANZA

VP

06/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date