


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90401 007 ***150.00

DOCUMENT # L88423					
1. Entity Name FCUSA, INC.					
Principal Place of Business 2800 AURORA ROAD SUITE E MELBOURNE FL 32935 US		Mailing Address 2800 AURORA ROAD SUITE E MELBOURNE FL 32935 US			
2. Principal Place of Business 2402 NOBILITY AVE.		3. Mailing Address 2402 NOBILITY AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MELBOURNE, FL		City & State MELBOURNE, FL		4. FEI Number 65-0205767	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 32934	Country USA	Zip 32934	Country USA		
6. Name and Address of Current Registered Agent BUTTS, BERNICE B 2800 AURORA RD MELBOURNE FL 32935			7. Name and Address of New Registered Agent Name BUTTS, BERNICE B. Street Address (P.O. Box Number is Not Acceptable) 2402 NOBILITY AVE. City MELBOURNE FL Zip Code 32934		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTTS, JOHN R	NAME			
STREET ADDRESS	2402 NOBILITY AVE	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTTS, BERNICE	NAME			
STREET ADDRESS	2402 NOBILITY AVE	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Bernice B. Butts</i>		BERNICE B. BUTTS		Date	4-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	321-254-2333



MOORE CR2E034 (11/03)