

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90183 012 ****61.25

DOCUMENT # N03000007711

1. Entity Name
USMV8, INC.



Principal Place of Business
**100 CHURCH STREET
KISSIMMEE, FL 34741**

Mailing Address
**POST OFFICE BOX 450481
KISSIMMEE, FL 30745**

00048289



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
52-2444778

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRONSON, HALEY D
100 CHURCH STREET
KISSIMMEE, FL 34741**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BAYLES, MICHAEL
STREET ADDRESS 308 BUENAVENTURA BLVD.
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 450481
CITY-ST-ZIP KISSIMMEE, FL 30745

TITLE SD ☐ Delete
NAME WEEKS, BARRY
STREET ADDRESS 1760 LISA LANE
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME ST. LAURENT, RON
STREET ADDRESS 1406 KINGSTON WAY
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME DAVID BETZ
STREET ADDRESS 3118 CURRY WOODS CIR NE
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 617, 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: Barry Weeks **BARRY WEEKS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 (407) 859-3373
Daytime Phone #