

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90129 040 \*\*\*\*61.25

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<b>DOCUMENT # N21078</b> 1. Entity Name <b>UNITED STATES GENERAL CONSUMERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1114 SEMORAN BLVD CASSELBERRY, FL 32707-6102 US</b>			Mailing Address <b>P. O. BOX 181249 CASSELBERRY, FL 32718-1249 US</b>		
2. Principal Place of Business <b>1114 S.R. 436</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Casselberry, FL</b>		City & State			
Zip <b>32707</b>	Country <b>USA</b>	Zip	Country	4. FEI Number <b>59-2954111</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>PAULK, PHYLLIS D 1114 SEMORAN BLVD. CASSELBERRY, FL 32707</b>			7. Name and Address of New Registered Agent Name <b>Phyllis D. Paulk</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1114 S.R. 436</b> City <b>Casselberry, FL</b> Zip Code <b>32707</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULK, PHYLLIS D <input type="checkbox"/> Delete 1114 SEMORAN BLVD CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1114 S.R. 436 Casselberry, FL 32707</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MARGARET <input type="checkbox"/> Delete 2942 ANTIQUE OAKS CIRCLE WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULK, WILLIAM E <input checked="" type="checkbox"/> Delete 1114 SEMORAN BLVD. CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D George F. Dlugoz 149 Scotch Pine Drive Rochester, NY 14616</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Phyllis D. Paulk</i></b>			<b>Phyllis D. Paulk</b>		<b>4-13-04</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>