

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90065 022 \*\*\*\*61.25

**DOCUMENT # N990000067**  
 1. Entity Name  
 AROUND FLORIDA USA, INC.



Principal Place of Business: 8833 COVENTRY CT. JACKSONVILLE FL 32257  
 Mailing Address: 8833 COVENTRY CT. JACKSONVILLE FL 32257



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc. City & State: Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State: Zip Country

4. FEI Number: 59-3611479 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 STEERE, D.J.  
 8833 COVENTRY CT.  
 JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent  
 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: DATE:

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 Make Check Payable to Florida Department of State  
 FILE NOW: FEE IS \$61.25 Due By May 1, 2005

10. OFFICERS AND DIRECTORS

TITLE	D	Delete
NAME	STEERE, D.J.	
STREET ADDRESS	8833 COVENTRY COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	Delete
NAME	STEERE, MARIANNE	
STREET ADDRESS	8833 COVENTRY COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	Delete
NAME	BRAENDLE, JOHN	
STREET ADDRESS	11259 WINDTREE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Director	Change	Addition
NAME	Kim Antos		
STREET ADDRESS	1039 Parkwood Drive		
CITY-ST-ZIP	Ormond Beach, FL 32174	Change	Addition
TITLE		Change	Addition
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: D.J. Steere February 22, 2005 (904)733-9150  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #