

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90134 038 ***150.00

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1. Entity Name

USA CARS, INC.



Principal Place of Business
2033 N. CITRUS BLVD.
LEESBURG FL 34748

Mailing Address
PO BOX 490285
LEESBURG FL 34749-0285



2. Principal Place of Business

1805 N. Citrus Blvd.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Leesburg FL

City & State

Zip

Country

4. FEI Number

59-3623311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, DAPHNE
17750 SE 114TH CT.
SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent

Name

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

3146 Griffin Ave - PO Box 1581 - 32158

City

Lady Lake

FL

Zip Code

32159

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WHITE, DAPHNE
STREET ADDRESS 3146 GRIFFIN AVE-P O BOX 1581
CITY-ST-ZIP LADY LAKE FL 32159

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 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: Daphne M. White Daphne White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-05-05 352-323-8929

Date

Daytime Phone #