## 2007 FOR PROFIT CORMORATION ANNUAL REPORT (AR)

## **FILED** DOCUMENT # P00000012557 Mar 12, 2007 08:00 AM 1. Entity Namo **Secretary of State** USA CARS, INC. Principal Place of Business Mailing Address PO BOX 490285 LEESBURG FL 34749-0285 1805 N. CITRUS BLVD. LEESBURG FL 34748 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, otc. Suite, Apt #, otc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-3623311 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, DAPHNE 3146 GRIFFIN AVE Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 1581-32158 LADY LAKE FL 32159 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice 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 reinstairin) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HH Delete THE ☐ Change WHITE, DAPHNE NAME NAMI 3146 GRIFFIN AVE-P O BOX 1581 STREET ADDRESS U00000664022 STRIET ADDIX SS LADY LAKE FL 32159 CHY-ST-ZIP 03/22/07-80025-014 158.75 CHY-ST-7P HILE Delete 11111 Change Addition NAME STREET ADDRESS SIRELI ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Defete Addition Change NAME NAMI. STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP Defete Imi Change Addition NAME NAMI STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE Delete 100. ☐ Channe Addition NAME NAMI STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP пш ☐ Delete HILF □ Change Addition NAME NAML STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHTY+ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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 appearment with an address, with all other like empowered.

**SIGNATURE:** OFFICER OR DIRECTOR

3-07-07 352-323-8929