2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000077915

1. Entity Name
THRIFT CITY U.S.A. MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1916 US HWY 19 N.	7490 49TH ST N
HOLIDAY, FL 34691	PINELLAS PARK, FL 33781

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01142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3674431	Not Applicable

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

6. Name and Address of Current Registered Agent

CHEVALIER, TIMOTHY J
7490 49TH ST N
PINELLAS PARK, FL 33781
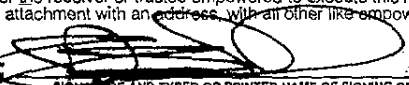
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

9. Election Campaign Financing ☐ **$5.00** May Be
   Trust Fund Contribution.   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	VSTD
NAME	CHEVALIER, TIMOTHY J
STREET ADDRESS	4372 14TH ST NE
CITY-ST-ZIP	ST PETERSBURG, FL 33703
TITLE	PD
NAME	BURKARD, DAVID J
STREET ADDRESS	16205 GLENURY CT
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ DAVID J. BURKARD   4-13-05   (727)937-1280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #