

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000116386

1. Entity Name
USA FLORIDA STOR-A-WAY, INC.



FILED
04 APR 29 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4051 W STATE ROAD 46
SANFORD, FL 32771

Mailing Address
4051 W STATE ROAD 46
SANFORD, FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3689279

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, MICHAEL E
301 E PINE STREET
SUITE 1400
ORLANDO, FL 32801

Name
GARY V. CARDAMONE

Street Address (P.O. Box Number is Not Acceptable)
4051 W. STATE ROAD 46

City
SANFORD

FL

Zip Code 32771

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

GARY V. CARDAMONE

4/26/04

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
CARDAMONE, GARY
4051 W STATE ROAD 46
SANFORD, FL 32771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
800035790778
05/10/04--01004--013 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
CARDAMONE, RICHARD
4051 W STATE ROAD 46
SANFORD, FL 32771 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
MURRAY, MICHAEL E
1399 W STATE ROAD 434
LONGWOOD, FL 32750 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached report with an address, with all other like empowered.

SIGNATURE:

GARY V. CARDAMONE,
PRESIDENT

4/26/04

407-321-5811

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #