

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000009717

1. Entity Name
USA DEVELOPMENT CORPORATION



Principal Place of Business
**1301 BEVILLE ROAD UNIT 7
DAYTONA BEACH, FL 32119**

Mailing Address
**1301 BEVILLE ROAD UNIT 7
DAYTONA BEACH, FL 32119**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3694111

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AMENDOLAGINE, MARILYN
1301 BEVILLE ROAD UNIT 7
DAYTONA BEACH, FL 32119**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AMENDOLAGINE, MICHAEL
STREET ADDRESS 1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE VSTD
NAME AMENDOLAGINE, MARYILYN
STREET ADDRESS 1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP DAYTONA BEACH, FL 32119

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U00000622881
02/13/07-80044-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Marilyn Amendolagine 1-17-07 386 322-0673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #