


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-25-2005 90001 020 \*\*\*158.75

<b>DOCUMENT # P01000100668</b>					
<b>1. Entity Name</b> USA METAL WORKS INC.					
<b>Principal Place of Business</b> 5109 W ANTHONY RD. OCALA, FL 34475			<b>Mailing Address</b> 5109 W ANTHONY RD. OCALA, FL 34475		
<b>2. Principal Place of Business</b> 5105 SW 140TH AVE Suite, Apt. #, etc.			<b>3. Mailing Address</b> 5105 SW 140TH AVE Suite, Apt. #, etc.		
<b>City &amp; State</b> OCALA FL			<b>City &amp; State</b> OCALA FL		
<b>Zip</b> 34481	<b>Country</b> USA	<b>Zip</b> 34481	<b>Country</b> USA	<b>4. FEI Number</b> 37-1507869	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BOYD, DAVID E 5109 W ANTHONY RD. OCALA, FL 34475				<b>7. Name and Address of New Registered Agent</b> Name <b>OGLE, R.L.</b> Street Address (P.O. Box Number is Not Acceptable) 5105 SW 140TH AVE City <b>OCALA</b> <b>FL</b> <b>34481</b>	
<b>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.</b> SIGNATURE <u><i>R.L. Ogle</i></u> <u>RL Ogle</u> <u>PRESIDENT</u> <u>08/23/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PTD OGLE, R.L. 5109 W ANTHONY RD. OCALA, FL 34475	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VSD OGLE, TERRI KAY 5109 W ANTHONY RD. OCALA, FL 34475	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u><i>R.L. Ogle</i></u> <u>08/23/2005</u> <u>352-622-9103</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					