

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000113669

**FILED**  
**Oct 04, 2005**  
**Secretary of State**

**Entity Name:** USA BLANX FACTORY OUTLET INC

**Current Principal Place of Business:**

261 INTERLAKE BLVD  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

409 PLAZA AVE.  
LAKE PLACID, FL 33852 US

**Current Mailing Address:**

261 INTERLAKE BLVD  
LAKE PLACID, FL 33852 US

**New Mailing Address:**

409 PLAZA AVE.  
LAKE PLACID, FL 33852 US

**FEI Number:** 01-0553198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HODOR, JOHN J  
261 INTERLAKE BLVD  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

JOHNSON, WILLIAM R  
409 PLAZA AVE.  
LAKE PLACID, FL 33852 US

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.

SIGNATURE: WILLIAM R. JOHNSON

10/04/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HODOR, JOHN J  
Address: 261 INTERLAKE BLVD  
City-St-Zip: LAKE PLACID, FL 33852

Title: ST ( ) Delete  
Name: HODOR, WANDA M  
Address: 261 INTERLAKE BLVD  
City-St-Zip: LAKE PLACID, FL 33852

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JOHNSON, WILLIAM R  
Address: 409 PLAZA AVE.  
City-St-Zip: LAKE PLACID, FL 33852

Title: SEC (X) Change ( ) Addition  
Name: JOHNSON, MARIETTA  
Address: 409 PLAZA AVE.  
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIETTA JOHNSON

SEC

10/04/2005

Electronic Signature of Signing Officer or Director

Date