

2007 FOR PROFIT CORPORATION ANNUAL REPORT

7/27/2007-93008-002-\$150.00-\$150.00

FILED

07 NOV -8 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000032662

1. Entity Name
INFORMATION USA, INC.



Principal Place of Business
808 EAGLE CLAW COURT
LAKE MARY, FL 32746

Mailing Address
808 EAGLE CLAW COURT
LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE



REINSTATEMENT

07/28/2007 NO CHARGE 07/28/2007 11/05/07

4. FEI Number
03-0411774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROUDY, KENNETH A
808 EAGLE CLAW CT
LAKE MARY, FL 32746

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

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
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
BROUDY, KENNETH A
808 EAGLE CLAW COURT
LAKE MARY, FL 32746

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100112303061
11/14/07--01055--007 **150.00

DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

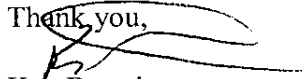
Daytime Phone #

To: Florida Department Of State
Date: 11/05/07
Ref: Annual Report Fee

I spoke to your CSR on 11/05/07 reference to the letter I have just received, dated 07/31/07.

As per your CSR, I did send a check on time but forgot to sign the check. I then explained to your CSR that I would have returned this check ASAP if I would have been aware of the situation. I am asking your department to reinstate my corporation and waive any late fees due to this incident. As you can verify I did send this on time originally, but due to the chain of events afterwards, I was unaware of the check not being signed.

Thank you,


Ken Broudy