

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90300 025 ***150.00

DOCUMENT # P02000109129

1. Entity Name
USA NATIONAL DIRECTORIES, INC.



Principal Place of Business
**1026 PASS A GRILL WAY
ST. PETE BEACH, FL 33706**

Mailing Address
**P.O. BOX 58275
ST. PETERSBURG, FL 33715**

2. Principal Place of Business
1206 Pass A Grille Way
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 46703
Suite, Apt. #, etc.

City & State
St. Pete Beach, FL
Zip **33706** Country **USA**

City & State
St. Petersburg FL
Zip **33741** Country **USA**

03292004 Chg-P CR2E034 (10/03)

4. FEI Number
16-1641789
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOLLAR, OWEN
1026 PASS A GRILL WAY
ST. PETE BEACH, FL 33706**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 reappointing)

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

TITLE **PD** ☐ Delete
NAME **LOLLAR, OWEN**
STREET ADDRESS **1026 PASS A GRILL WAY**
CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE **VD** ☐ Delete
NAME **SANTELLA, SCOTT**
STREET ADDRESS **1026 PASS A GRILL WAY**
CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE **STD** ☐ Delete
NAME **SANTELLA, MIKE**
STREET ADDRESS **1026 PASS A GRILL WAY**
CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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.

SIGNATURE:

Owen Lollar

4/8/04

727-363-7617