

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000111631

1. Entity Name
USA DEVELOPMENT #200, INC.



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

Mailing Address
1301 BEVILLE RD
UNIT 7
DAYTONA BEACH, FL 32119



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0372647

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMENOLAGINE, MARILYN
1301 BEVILLE RD
UNIT 7
DAYTONA BEACH, FL 32119

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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
After May 1, 2005 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 RD UNIT 7
CITY-ST-ZIP DAYTONA BEACH, FL 32119

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000191790
01/24/05-80187-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05
Date

386-322-0673
Daytime Phone #