

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 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



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0372647	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 retreating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/13/07-80044-012 150.00

**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:

Marilyn Amendolagine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-07 386
322-0673