

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90074 031 ***150.00

DOCUMENT # P03000157377 1. Entity Name USATIES, INC.					
Principal Place of Business 2015 STONE ABBEY BLVD STE 3 ORLANDO, FL 32825			Mailing Address 2015 STONE ABBEY BLVD STE 3 ORLANDO, FL 32825		
2. Principal Place of Business 925 Lexington Pky Suite, Apt. #, etc. Suite 21 City & State Apopka, Florida Zip 32712		3. Mailing Address 20 North Orange Avenue Suite, Apt. #, etc. Suite 600 City & State Orlando, Florida Zip 32801			
01312005 Chg-P CR2E034 (10/03)		4. FEI Number 20-0616391		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent TAFT, ROBERT 2015 STONE ABBEY BLVD STE 3 ORLANDO, FL 32825	
7. Name and Address of New Registered Agent Name HENDRY, STONER, DELANCETT & BROWN, P.A. Street Address (P.O. Box Number is Not Acceptable) 20 NORTH ORANGE AVENUE SUITE 600 City ORLANDO FL Zip Code 32801				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE D NAME TAFT, ROBERT STREET ADDRESS 2015 STONE ABBEY BLVD STE 3 CITY-ST-ZIP ORLANDO, FL 32825		<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		925 Lexington Parkway, Suite 21 Apopka, Florida 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE 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:  2/10/05 407-889-7154 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					