# 2006 FOR PROFIT CORPORATION

changed, or on an attachment with

SIGNATURE:

#### Mar 06, 2006 8:00 am Secretary of State ANNUAL REPORT 03-06-2006 90008 019 \*\*\*150.00 DOCUMENT # P03000157377 USATIES, INC. 40024308 Mailing Address Principal Place of Business 925 LEXINGTON PKWY SUITE 21 20 NORTH ORANGE AVENUE SUITE 600 APOPKA, FL 32712 ORLANDO, FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-0616391 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hendry, Stoner, Calandrino & Brown, P.A HENDRY, STONER, DELANCETT & BROWN, P.A. Street Address (P.O. Box Number is Not Acceptable) 20 NORTH ORANGE AVENUE STE 600 ORLANDO, FL 32801 City 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. Hendry, Stoner, Calandrino & Brown, P.A. By: SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE P/T/D ☐ Delete TITLE XXChange ☐ Addition TAFT, ROBERT -NAME NAME 925 LEXINGTON PKWY STE 21 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-ZIP Defete TITLE ☐ Change X Addition NAME MARAE Garrett Ashmore STREET ADDRESS STREET ADDRESS 925 Lexington Pkwy Ste 21 CITY-ST-ZIP CITY-ST-ZIP Apopka, FL 32712 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP --CITY-ST-ZIP Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete . TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . 12. I hereby certify that the information supplied with this filing does not quality 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 of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the

all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/06 407-701-4393

FILED

# **ATTACHMENI**

### HENDRY, STONER, CALANDRINO & BROWN

PROFESSIONAL ASSOCIATION

20 N. ORANGE AVENUE, SUITE 600

#### ORLANDO, FLORIDA 32801

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ROBERT R. HENDRY

Uniform Business Report Division of Corporations Post Office Box 1500 Tallahassee, Florida 32302-1500

Re: 2006 Uniform Business Report (UBR)

To Whom It May Concern:

Enclosed please find the Uniform Business Report for USATIES, INC., along with a check in the amount of \$150.00 for the filing fee.

Sincerely

Robert R. Hendry

RRH/bob

Enclosure