

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000107477

1. Entity Name  
USA INN INC.



Principal Place of Business  
2805 SAFE HARBOR DRIVE  
TAMPA, FL 33618

Mailing Address  
2805 SAFE HARBOR DRIVE  
TAMPA, FL 33618

FILED

06 APR 27 AM 11:07

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



04112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3570251

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JAI HANUMAN INC.  
2805 SAFE HARBOR DRIVE  
TAMPA, FL 33618

**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

*J. Makens*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/14/06*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME JAI HANUMAN INC.  
STREET ADDRESS 2805 SAFE HARBOR DRIVE  
CITY-ST-ZIP TAMPA, FL 33618

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

600074148856  
05/08/06--01015--007 \*\*300.00

**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:

*J. Makens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/14/06*  
Date

*813-817-5788*  
Daytime Phone #