

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90047 010 \*\*\*150.00

**DOCUMENT # P04000144583**

1. Entity Name  
USA AUTOMOTIVE SYSTEMS, INC.



Principal Place of Business  
986 DOUGLAS AVE STE 100  
ALTAMONTE SPRINGS, FL 32714

Mailing Address  
986 DOUGLAS AVE STE 100  
ALTAMONTE SPRINGS, FL 32714

**66024719**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STARK, CHARLES H  
986 DOUGLAS AVE STE 100  
ALTAMONTE SPRINGS, FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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 **D** ☐ Delete  
NAME **STARK, CHARLES H**  
STREET ADDRESS **986 DOUGLAS AVE STE 100**  
CITY - ST - ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/05

ATTACHMENT

CHARLES H. STARK, P. A.

ATTORNEY AT LAW

SUITE 100

986 DOUGLAS AVENUE

ALTAMONTE SPRINGS, FLORIDA

32714

CHARLES H. STARK

E-MAIL CHSTARK@BELLSOUTH.NET

TELEPHONE (407) 788-0250

FACSIMILE (407) 788-7244

July 13, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Re: USA Automotive Systems, Inc.  
Document #P04000144583  
FEI #20-2189989

Dear Sir or Madam:

In response to the recent "Notice of Intent to Dissolve" which we received on behalf of the above-referenced entity, please find enclosed a copy of the 2005 For Profit Corporation Annual Report which was filed with your office in January, 2005 (a copy of the certified mail return receipt is also enclosed). In speaking with a representative from your office today regarding this notice, we were told that the filing fee received with the 2005 Annual Report had been accepted but that the report itself had not because the FEI Number had not been provided, although we had indicated that it had been applied for. Since our initial filing in January, 2005 the Internal Revenue has issued #20-2189989 as the Federal Employer Identification Number for this corporation.

Please be advised that we never received any notice that the Annual Report as filed in January, 2005 had not been accepted until we received the Notice of Intent to Dissolve, and for this reason we request that any late fees associated with this filing be waived.

If you have any questions or require additional information to accept the filing of the Annual Report, please contact the undersigned directly.

Sincerely,

Charles H. Stark

CHS/db  
Enclosures

ATTACHMENT

CHARLES H. STARK, P. A.

ATTORNEY AT LAW

SUITE 100

986 DOUGLAS AVENUE

ALTAMONTE SPRINGS, FLORIDA

32714

CHARLES H. STARK  
E-MAIL CHSTARK@BELLSOUTH.NET

TELEPHONE (407) 788-0250  
FACSIMILE (407) 788-7244

January 18, 2005

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Re: USA Automotive Systems, Inc.  
Document #P04000144583

Dear Sir or Madam:

Enclosed for filing on behalf of the above-referenced limited partnership is the 2005 For Profit Corporation Annual Report and check #3426 payable to your office in the amount of \$150.00 representing the filing fee for this report.

Please contact the undersigned with any questions.

Sincerely,

Charles H. Stark

CHS/db  
Enclosures

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Div of Cupertations  
PO Box 6478  
Tallahassee FL  
32314

USA URG

2. Article 7003 3110 0004 1868 3935  
(Trans)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Recipient's Signature ☒ Restricted Delivery ☐ Return Receipt for Merchandise

C. Is delivery address different from item 1? ☐ Yes ☐ No

D. If YES, enter delivery address below:

DAMIAN PETERSON  
2545

TALLAHASSEE, FL  
JAN 25 2005  
USPS

3. Service Type ☒ Certified Mail ☐ Registered Mail ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7003 3110 0004 1868 3935

ATTACHMENT  
66024719  
PD 4000144583