

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90009 003 ***150.00

DOCUMENT # P05000059138



1. Entity Name

SPORTS IN USA, INC.

Principal Place of Business
830 HOFFNER AVENUE
ORLANDO FL 32809
US

Mailing Address
830 HOFFNER AVENUE
ORLANDO FL 32809
US



2. Principal Place of Business - No P.O. Box #

4265 Conway Place Cir 1

3. Mailing Address

4265 Conway Place Cir 1

1st MOORE

CR2E034 (10/06)

City & State

Orlando FL

City & State

4. FEI Number 20-2712273

Applied For
Not Applicable

Zip

32812

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTAIUTI, BIAGIO
4265 CONWAY PLACE CIRCLE
ORLANDO FL 32812

7. Name and Address of New Registered Agent

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]

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

(NOTE: Registered Agent signature required when registering)

DATE

01-22-2007

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete
NAME: OLSEN, GEIR O
STREET ADDRESS: 5238 N ORANGE AVE
CITY- ST- ZIP: WINTER PARK FL 32792

TITLE: VP ☐ Delete
NAME: MONTAIUTI, BIAGIO
STREET ADDRESS: 4265 CONWAY PLACE CIRCLE
CITY- ST- ZIP: ORLANDO FL 32812

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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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:

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NAME:
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-2007 4079105342

Date

Day:me Phone #