

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90054 001 \*\*\*150.00

<b>DOCUMENT #</b>	P05000155828
1. Entity Name	
ANSWERING SERVICE U.S.A., INC.	

**DO NOT WRITE IN THIS SPACE**

**40028649**

2. Principal Place of Business 13112 HUNTINGTON WOODS AVENUE Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State	
Zip 34604	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3806477		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

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

Name  
CHERYL YVONNE GOOGE  
Street Address (P.O. Box Number is Not Acceptable)  
13112 HUNTINGTON WOODS AVENUE  
  
City  
SPRING HILL **FL** Zip Code  
34604

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 *x Cheryl Yvonne Googe* CHERYL YVONNE GOOGE, PRESIDENT *x 2/23/06*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR CHERYL YVONNE GOOGE 13112 HUNTINGTON WOODS AVENUE SPRING HILL, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER/DIRECTOR SHERRY ANN GROSS 2376 HOLSTON AVENUE SPRING HILL, FL 34608
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *x Cheryl Y. Googe* *Cheryl Y. Googe / President* *x 2/23/06* *x 252-684-1221*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #