

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000103017

1. Entity Name
USA SPORTS TREASURES, INC.



Principal Place of Business
3038 RANDLEMAN COURT
OVIEDO, FL 32765

Mailing Address
3038 RANDLEMAN COURT
OVIEDO, FL 32765



03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5325977

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, GORDON
3038 RANDLEMAN COURT
OVIEDO, FL 32765

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

0000000865122

04/07/08-80016-004 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME DAVIS, GORDON
STREET ADDRESS 3038 RANDLEMAN COURT
CITY-ST-ZIP OVIEDO, FL 32765

TITLE VT
NAME DAVIS, CATHY
STREET ADDRESS 3038 RANDLEMAN COURT
CITY-ST-ZIP OVIEDO, FL 32765

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CITY-ST-ZIP

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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: *Cathy Davis* Cathy Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-08 407-365-6812
Date Daytime Phone #