

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000017904		
1. Entity Name USA CONSTRUCTION, INC.		
Principal Place of Business 3143 NE 14TH STREET SUITE 101 OCALA, FL 34470	Mailing Address 3143 NE 14TH ST STE 1 OCALA, FL 34470	
DO NOT WRITE IN THIS SPACE		07062004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0399591 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CLAUSS, EMERSON J III 3365 SE 1ST AVE OCALA, FL 34471		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: <i>[Signature]</i> DATE: <i>7-7-04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE J000000164383 07/08/04-80006-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CLAUSS, EMERSON J III 3365 SE 1ST AVE OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CLAUSS, SUSAN 3365 SE 1ST AVE OCALA, FL 34471	
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TITLE 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>7-7-04</i> <i>352-629-8922</i> <small>Date Daytime Phone #</small>