

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000041864

FILED
Apr 29, 2004
Secretary of State

Entity Name: UNITED SOURCES OF AMERICA, INC.

Current Principal Place of Business:

3 E TARPON AVENUE
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1850
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-3181440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDOWELL, CALVIN G
3 EAST TARPON AV E
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCDOWELL, C.G.
Address: P.O. BOX 1850, N/A
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: CIRCLE, PENNY
Address: 72630 THRUSH ROAD
City-St-Zip: PALM DESERT, CA

Title: D () Delete
Name: GOODBREAD, BETH
Address: PO BOX 1850
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: HUANG, KC
Address: 3252 CHAPARAL DR, APT C
City-St-Zip: ROANOKE, VA 24018

Title: V (X) Delete
Name: SHELTON, WESLEY
Address: 13511 AVISTA DRIVE
City-St-Zip: TAMPA, FL 33624

Title: AS (X) Delete
Name: MACKIE, STACY M
Address: 6386 ALBERTA STREET
City-St-Zip: BROOKSVILLE, FL 34604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN G. MCDOWELL

PRES

04/29/2004

Electronic Signature of Signing Officer or Director

Date