

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 APR 18 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000005690

1. Entity Name
AMERICAPITAL USA, INC.



Principal Place of Business
129 ROBIN ROAD
ALTAMONTE SPRINGS, FL 32701

Mailing Address
P.O. BOX 4961
ORLANDO, FL 32802-4961

2. Principal Place of Business
217 Robin Road
Suite, Apt #, etc

3. Mailing Address
Suite, Apt #, etc



01042005 Chg-P CR2E034 (10/03)

MRS

City & State
Zip Country

4. FEI Number
59-3427605

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801

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 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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PEPPER, DONNA D 129 ROBIN ROAD ALTAMONTE SPRINGS, FL 32701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEPPER, DONNA D 129 ROBIN ROAD ALTAMONTE SPRINGS, FL 32701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	217 Robin Road	☒ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Donna D. Pepper
Donna D. Pepper, Director

1-20-05

407.599.9998

Date

Daytime Phone #