

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000091044

1. Entity Name  
USA STOR-A-WAY, INC.



Principal Place of Business  
4051 WEST STATE RD 46  
SANFORD, FL 32771

Mailing Address  
4051 W. STATE RD. 46  
SANFORD, FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3606325

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, MICHAEL E  
301 E. PINE ST., STE. 1400  
ORLANDO, FL 32801

Name  
GARY V. CARDAMONE

4051 W. SR 46

City  
SANFORD

FL

Zip Code  
32771

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

GARY V. CARDAMONE

4 126/2004

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CARDAMONE, GARY  
STREET ADDRESS 467 STILL FOREST TERRACE  
CITY-ST-ZIP SANFORD, FL 32771 ☐ Delete

TITLE D  
NAME CARDAMONE, RICHARD  
STREET ADDRESS 19444 SATURNIA LAKES DRIVE  
CITY-ST-ZIP BOCA RATON, FL 33498 ☐ Delete

TITLE D  
NAME PORCHE, ROBERT  
STREET ADDRESS 6003 TWIN POINT WAY  
CITY-ST-ZIP WOODSTOCK, GA 30189 ☐ Delete

TITLE D  
NAME HUMMEL, RANDY  
STREET ADDRESS 860 N.W. 45TH STREET  
CITY-ST-ZIP POMPANO BEACH, FL 33064 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE P,D,S  
NAME 000035790750  
STREET ADDRESS 05/10/04--01004--012  
CITY-ST-ZIP \*\*150.00 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D,T  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

GARY V. CARDAMONE,  
PRESIDENT

4 126/104

407-321-5811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #