

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90075 005 \*\*\*550.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # H90458**

1. Entity Name  
**QUALLSCO, INC.**



**20063547**

Principal Place of Business  
**768 BEAL PKWY NW  
STE AQ  
FORT WALTON BEACH, FL 32547**

Mailing Address  
**768 BEAL PKWY NW  
STE AQ  
FORT WALTON BEACH, FL 32547**

**DO NOT WRITE IN THIS SPACE**



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2609133**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**QUALLS, AL P. JR.  
768 BEAL PKWY NW STE AQ  
FT. WALTON BEACH, FL 32548**

**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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                 |                             |
|-----------------|-----------------------------|
| TITLE           | PC                          |
| NAME            | QUALLS, AL P. JR.           |
| STREET ADDRESS  | 768 BEAL PKWY NW STE AQ     |
| CITY - ST - ZIP | FT. WALTON BEACH, FL 32547  |
| TITLE           | VD                          |
| NAME            | QUALLS, PEGGY               |
| STREET ADDRESS  | 768 BEAL PKWY NW STE AQ     |
| CITY - ST - ZIP | FT. WALTON BEACH, FL 32547  |
| TITLE           | SD                          |
| NAME            | JONES, JOHNNIE D            |
| STREET ADDRESS  | 768 BEAL PONY NW STE AQ     |
| CITY - ST - ZIP | FORT WALTON BEACH, FL 32547 |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Peggy Qualls*  
**Peggy Qualls**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/1/05*  
**7/1/05**

DATE

DAYTIME PHONE #