

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2005  
Secretary of State**

DOCUMENT# N03000008724

Entity Name: FORENSIC QUALITY SERVICES, INC.

**Current Principal Place of Business:**

7881 114TH AVE, N.  
LARGO, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

7881 114TH AVE, N.  
LARGO, FL 33773

**New Mailing Address:**

FEI Number: 20-0385856      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

F&L CORP  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHEPPO, MICHAEL G  
Address: 7881 114TH AVE, N.  
City-St-Zip: LARGO, FL 33773

Title: SD ( ) Delete  
Name: CARPENTER, ELIZABETH A  
Address: 7881 114TH AVE, N.  
City-St-Zip: LARGO, FL 33773

Title: TD ( ) Delete  
Name: VALADEZ, MANUEL  
Address: 7881 114TH AVE, N.  
City-St-Zip: LARGO, FL 33773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PERILLO, BENJAMIN  
Address: 7881 114TH AVE, N.  
City-St-Zip: LARGO, FL 33773

Title: SD (X) Change ( ) Addition  
Name: VANDER ARK, CLIFTON  
Address: 7881 114TH AVE, N.  
City-St-Zip: LARGO, FL 33773

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM TILSTONE

PRES

01/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date