


2005 FOR PROFIT CORPORATION ANNUAL REPORT

3 **FILED**
May 25, 2005 8:00 am
Secretary of State

03-28-2005 90048 005 ***150.00

DOCUMENT # P04000026145			
1. Entity Name QUALITY FLAG & BANNER, INC.			
Principal Place of Business 808 SE FORT KING ST OCALA, FL 34471		Mailing Address 808 SE FORT KING ST OCALA, FL 34471	
2. Principal Place of Business 1302 SW 42 Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 772827 Suite, Apt. #, etc.	
City & State Ocala FL		City & State Ocala FL	
4. FEI Number Applied For		Applied For	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALDIN, WILLIAM C JR 808 SE FORT KING ST OCALA, FL 34471		7. Name and Address of New Registered Agent	
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 agents.		SIGNATURE: _____ DATE: _____	
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PRESIDENT MARK WORMSER 6709 SW 17 Terr Rd Ocala FL 34476	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR		Date: 3/17/05 (352) 629-4455 Date: _____ Charged Phone #	

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