2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000064277

1. Entity Name
THE QUICHE FACTORY, INC.

Principal Place of Business	Mailing Address
27 CAYUGA ROAD SEA RANCH LAKES, FL 33308	27 CAYUGA ROAD SEA RANCH LAKES, FL 33308

DO NOT WRITE IN THIS SPACE

01242005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0772337	Not Applicable

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

6. Name and Address of Current Registered Agent

ALTMAN, SHAYNA
27 CAYUGA ROAD
SEA RANCH LAKES, FL 33308

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 _Shayna Altman - Neal_   DATE _2-23-05_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

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	PVST	
NAME	ALTMAN, SHAYNA	
STREET ADDRESS	27 CAYUGA ROAD	
CITY-ST-ZIP	SEA RANCH LAKES, FL 33308	
TITLE	D	
NAME	ALTMAN, SHAYNA	
STREET ADDRESS	27 CAYUGA ROAD	
CITY-ST-ZIP	SEA RANCH LAKES, FL 33308	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

IIi00000242793
02/25/05-80014-002 150.00

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: _Shayna Altman - Neal_   _2-23-05_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #