2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State
02-12-2004 90004 006 ***150.00

DOCUMENT # P99000028753

1. Entity Name
Q-2 INC.

66403475

Principal Place of Business	Mailing Address
GILLS GROCERY BOCA GRANDE, FL 33921	P.O BOX 5001 GROVE CITY, FL 34224

01312004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 904 Suite, Apt. #, etc.
City & State	City & State PLACIDA FL
Zip / Country	Zip / Country 33946 USA

4. FEI Number
65-0909792
☐ 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
QUIRK, LORRY ~~3031 PLACIDA RD.~~ ~~GROVE CITY, FL 34224~~ 3031 PLACIDA RD Grove City FL. 34224	Name QUIRK, LORRY 3031 PLACIDA Rd Street Address (P.O. Box Number is Not Acceptable) Grove City, FL 34224 [redacted] City [redacted] FL Zip [redacted]

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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P QUIRK, LORRY BOX 5001 GROVE CITY, FL 34224	☐ Delete	QUIRK, LORRY P.O. BOX 904 PLACIDA FL 33946	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP QUIRK, GRANT P O BOX 5001 GROVE CITY, FL 34224	☐ Delete	QUIRK, GRANT P.O. BOX 904 PLACIDA FL 33946	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 2-7-4 941-964-2506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #