2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

04-24-2006 90372 047 ***150.00

DOCUMENT # P99000028753

1. Entity Name

Q-2 INC.

Principal Place of Business	Mailing Address
GILLS GROCERY BOCA GRANDE FL 33921	PO BOX 904 PLACIDA FL 33946

D0U1JJ04

1st MOORE CR2E034 (10/05)

2. Principal Place of Business: 5800 Gasparilla Rd		3. Mailing Address: Box 904	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O.	
City & State: Boca Grande		City & State: Placida	
Zip: 33921	Country: Charlotte	Zip: 33946	Country: Charlotte

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 34254	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 PO BOX 904 PLACIDA FL 33946	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUIRK, GRANT PO BOX 904 PLACIDA FL 33946	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Grant Quirk [signature] 5-9-6 941 964-2506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #