

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90379 022 ***158.75

DOCUMENT # P05000108892

1. Entity Name
QUALITY WHOLESALE PRINTING, INC.



Principal Place of Business
**414 PLYMOUTH ROAD
WEST PALM BEACH, FL 33405**

Mailing Address
**414 PLYMOUTH ROAD
WEST PALM BEACH, FL 33405**

400--



2. Principal Place of Business

3. Mailing Address

Quality Wholesale Printing
Suite, Apt. #, etc.
1441 Brandywine Rd Apt 900P
City & State
West Palm Beach Fla
Zip
33409-2052
Country
Palm Beach

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04062006 Chg-P CR2E034 (11/05)

4. FEI Number
02-0747550
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

**DELSORDO, SCOTT A
414 PLYMOUTH
WEST PALM BEACH, FL 33405**

Name
Quality Wholesale Printing, Inc. DelSordo, Scott A
Street Address (P.O. Box Number is Not Acceptable)
1441 Brandywine Rd Apt #900P
City
West Palm Beach FL Zip Code
33409-2052

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**

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	P	<input type="checkbox"/> Delete
NAME	DELSORDO, SCOTT A	
STREET ADDRESS	414 PLYMOUTH ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1441 Brandywine Rd Apt 900P
CITY-ST-ZIP	West Palm Beach, Fla. 33409-2052
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **Scott DelSordo** **Scott A DelSordo**

4/14

561-582-2589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #