

Apr 02, 2005 08
Secretary of**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 517194

1. Entity Name

QUALITY MARINE PRODUCTS RESEARCH, INC.



Principal Place of Business

1090 FAIRVIEW LANE
RIVIERA BEACH FL 33404

Mailing Address

1090 FAIRVIEW LANE
RIVIERA BEACH FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MABIE, J. RALPH
319 CLEMATIS ST
WEST PALM BCH FL 33401

4. FEI Number

59-1773943

5. Certificate of Status Desired

Applied For
Not Applicable

1st MOORE

CR2E034 (10/04)

7. Name and Address of New Registered Agent

\$8.75 Additional
Fee Required

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)

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

P
NEUMANN, DONALD ROGER
1090 FAIRVIEW LANE
RIVIERA BEACH FL☐ DeleteST
NEUMANN, JANET S.
1090 FAIRVIEW LANE
RIVIERA BEACH FL☐ Delete

SS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
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CITY- ST- ZIPTITLE
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STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP9. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to FeesU00000284487
04/02/05-80006-025 150.00☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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 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, 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 I am not with an address, with all other like empowered.

Donald R. Neumann PRES.
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-05
Date

561 848-4488
Daytime Phone #