

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000003663 1. Entity Name Q.C.C.W. INC.	
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Principal Place of Business 3520 - 26TH AVENUE B MOLINE, IL 61265	Mailing Address 3520 - 26TH AVENUE B MOLINE, IL 61265
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3846575	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOUSBERG, PETER H 6575 99TH WAY NORTH, UNIT 22103 ST. PETERSBURG, FL 33708	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

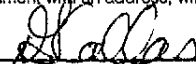
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC CALLAS, DARCY G 3520 - 26TH AVENUE B MOLINE, IL 61265
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CALLAS, CATHERINE E 3520 - 26TH AVENUE B MOLINE, IL 61265
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CALLAS, JOHN S 3520 - 26TH AVENUE B MOLINE, IL 61265
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/14/05-80011-001 150.00

**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)(f), 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:  **Darcy G. Callas** **1/7/05** **309-797-8588**

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