

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM  
Secretary of State

DOCUMENT # F05000003246

1. Entity Name  
QUALITY ENVIRONMENTAL PROFESSIONALS, INC.



Principal Place of Business  
1611 SOUTH FRANKLIN ROAD  
INDIANPOLIS, IN 46239

Mailing Address  
1611 SOUTH FRANKLIN ROAD  
INDIANPOLIS, IN 46239



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1973394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

DO NOT WRITE  
IN THIS SPACE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT PETERS, DEBORAH E 1611 SOUTH FRANKLIN ROAD INDIANPOLIS, IN 46239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUCETES, BERNARD 1611 SOUTH FRANKLIN ROAD INDIANPOLIS, IN 46239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	  1611 SOUTH FRANKLIN ROAD INDIANPOLIS, IN 46239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCDONALD, KARLA 1611 SOUTH FRANKLIN ROAD INDIANPOLIS, IN 46239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000556601  
05/17/06-80015-010 150.00

DO NOT WRITE  
IN THIS SPACE

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: Deborah Peters  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #