

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000000023

1. Entity Name
QUAL-TEC MANAGEMENT CORP.



Principal Place of Business

**4550 US ONE
GRANT, FL 32905 US**

Mailing Address

**PO BOX 780309
SEBASTIAN, FL 32978**

DO NOT WRITE IN THIS SPACE



04102005 No Chg-P CR2E034 (10/03)

4. FEI Number
11-2217410

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARPENTER, JOHN
4550 US ONE
GRANT, FL 32905**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AARAAS, KRISTIN L
STREET ADDRESS	79 NORTH FOND ROAD
CITY - ST - ZIP	CHESTER, NH 03036
TITLE	CT
NAME	CARPENTER, FOREST A
STREET ADDRESS	4550 US 1 (GRANT)
CITY - ST - ZIP	PALM BAY, FL 32905
TITLE	VP
NAME	CARPENTER, JOHN
STREET ADDRESS	6043 ISLAND HARBOR RD.
CITY - ST - ZIP	SEBASTIAN, FL 32958
TITLE	VP
NAME	CARPENTER, WILLIAM
STREET ADDRESS	3752 RENAULD PL.
CITY - ST - ZIP	MICCO, FL 32976
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/18/05-80091-023 150.00

**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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-05 321-952-1303