

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 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**



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number
11-2217410

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CARPENTER, JOHN
5 SEAHORSE LANE
ORLANDO, FL 32-8960**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000942173
05/29/08-80009-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AARAAS, KRISTIN L
STREET ADDRESS 79 NORTH POND ROAD
CITY-ST-ZIP CHESTER, NH 03036

TITLE VP
NAME CARPENTER, JOHN
STREET ADDRESS 5 SEAHORSE LANE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE VP
NAME CARPENTER, WILLIAM
STREET ADDRESS 109 BECKER AVE
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-08 603-887-2761