


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000002550</b>	
1. Entity Name QUALITY ENTERPRISES USA, INC.	

Principal Place of Business 3894 MANNIX DRIVE STE 216 NAPLES, FL 34114-5406 US	Mailing Address 3894 MANNIX DRIVE STE 216 NAPLES, FL 34114-5406 US
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01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-0947002	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MURRELL, HOWARD J 2827 SILVERLEAF LANE NAPLES, FL 34105
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**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 \_\_\_\_\_ (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	PD MURRELL, HOWARD J JR. 3894 MANNIX DRIVE STE 216 NAPLES, FL 341145406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURRELL, JOHN 208 TINTERN COURT CHESAPEAKE, VA 23320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURRELL, STACEY 3894 MANNIX DRIVE STE 216 NAPLES, FL 341145406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORIARTY, PAUL 3894 MANNIX DRIVE STE 216 NAPLES, FL 341145406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIPP, WILLIAM A JR 208 TINTERN COURT CHESAPEAKE, VA 23320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SLICKO, RICHARD 3894 MANNIX DRIVE STE 216 NAPLES, FL 341145406

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**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

Howard J. Murrell, Jr.

Date

1/17/06

239-435-7200

Daytime Phone #