

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90386 025 ***150.00

DOCUMENT # F96000005589

1. Entity Name
Q.E.P. CO., INC.



Principal Place of Business
1081 HOLLAND DRIVE
BOCA RATON, FL 33487 US

Mailing Address
C/O HOLLAND & KNIGHT LLP
701 BRICKELL AVENUE, STE. 3000
MIAMI, FL 33131

60023302



2. Principal Place of Business
1001 BROKEN SOUND PKWY

3. Mailing Address

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State

Zip
33487

Country
US

Zip

Country

01132006 Chg-P CR2E034 (11/05)

4. FEI Number
13-2983807

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

INTERSTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, STE. 3000
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CCEO
GOULD, LEWIS
1081 HOLLAND DRIVE
BOCA RATON, FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CCEO
GOULD, LEWIS
1001 BROKEN SOUND PKWY
BOCA RATON, FL 33487 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
GOULD, LEONARD J
1081 HOLLAND DRIVE
BOCA RATON, FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
GOULD, LEONARD J
1001 BROKEN SOUND PKWY
BOCA RATON, FL 33487 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GOULD, SUSAN J
1081 HOLLAND DRIVE
BOCA RATON, FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GOULD, SUSAN J
1001 BROKEN SOUND PKWY
BOCA RATON, FL 33487 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~SVPT~~
~~APPLEBAUM, MARC CFO~~
~~1081 HOLLAND DRIVE~~
~~BOCA RATON, FL 33487~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
INTERIM CHIEF FINANCIAL OFFICER
RANDALL PAULFUS
1001 BROKEN SOUND PKWY
BOCA RATON, FL 33487 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NAST, CHRISTIAN
1081 HOLLAND DRIVE
BOCA RATON, FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NAST, CHRISTIAN
1001 BROKEN SOUND PKWY
BOCA RATON, FL 33487 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VOGEL, EMIL
1081 HOLLAND DRIVE
BOCA RATON, FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VOGEL, EMIL
1001 BROKEN SOUND
BOCA RATON, FL 33487 ☒ Change ☐ Addition

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: *R. Paulfus* R. PAULFUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 561-994-5550
Date Daytime Phone #