

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

\$550.00

DOCUMENT # F97000005093

1. Entity Name

HOME QUALITY MANAGEMENT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT -4 AM 8:00

Principal Place of Business

2401 PGA BOULEVARD, SUITE 155
PALM BEACH GARDENS FL 33410

Mailing Address

2401 PGA BOULEVARD, SUITE 155
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address



MOORE

CR2E034 (4/04)

MRS

2979 PGA Blvd.

Palm Beach Gardens, FL 33410

2979 PGA Blvd.

Palm Beach Gardens, FL 33410

4. FEI Number

52-1938226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SANDRA L
2401 PGA BOULEVARD, SUITE 155
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Street Address

Sandra Adams

2979 PGA Blvd.

City

Palm Beach Gardens, FL 33410

State

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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
CEOS
WALCZAK, PAUL M
2401 PGA BLVD, SUITE #155
PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
FAGO, ELIZABETH
2401 PGA BLVD, STE 155
PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STEIER, JOSEPH
2401 PGA BLVD, SUITE #155
PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2979 PGA BLVD.
PALM BEACH GARDENS, FL 33410 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2979 PGA BLVD.
PALM BEACH GARDENS, FL 33410 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2979 PGA BLVD.
PALM BEACH GARDENS, FL 33410 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100041668221
10/07/04--01031--005 \$4350.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

PAUL WALCZAK 8/31/04

Date

Daytime Phone #