



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90029 038 ***558.75

DOCUMENT # F99000001979 1. Entity Name Q GROUP, INC.					
Principal Place of Business 1601 W. MARION AVE, SUITE 204 PUNTA GORDA, FL 33950				Mailing Address 1601 W. MARION AVE, SUITE 204 PUNTA GORDA, FL 33950	
2. Principal Place of Business 425 VALLETTA COURT		3. Mailing Address 1133 BALHARBOR BLVD		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">50059063</div>  <div style="display: flex; justify-content: space-between; font-size: 10pt;"> 07292005 Chg-P CR2E034 (10/03) </div>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. # 247, SUITE 1139			
City & State PUNTA GORDA		City & State PUNTA GORDA			
Zip FL 33950		Zip FL 33950			
4. FEI Number 39-1792744				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent QUISSEK, MANFRED 425 VALLETTA COURT PUNTA GORDA, FL 33950-8052	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT QUISSEK, MANFRED 425 VALLETTA COURT PUNTA GORDA, FL 339508052 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVS QUISSEK, MARY 425 VALLETTA COURT PUNTA GORDA, FL 339508052 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: <u>MANFRED QUISSEK, PRES.</u> 07/29/05 (941) 639- <div style="display: flex; justify-content: space-between; font-size: 8pt;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 4444 </div>					