


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J79525</b> 1. Entity Name QUALITY CONTROL LANDSCAPING, INC.	
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Principal Place of Business  
200 NORTH MAPLE AVE  
SANFORD, FL 32771 US

Mailing Address  
200 NORTH MAPLE AVE  
SANFORD, FL 32771 US



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2817103	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MONACO, ANDREA  
8440 MURRAY CT  
SANFORD, FL 32771

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	PTD MONACO, MICHAEL S. 8440 MURRAY CT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MONACO, ANDREA K. 8440 MURRAY CT SANFORD, FL 32771
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U00000545960  
05/11/06-80087-016 150.00

**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: Andrea Monaco  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 (407) 322-3136  
Date Daytime Phone #