2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT# K24009

1. Entity Name
QUALITY CRAFT SOUTH, INC.

Principal Place of Business
2940 HANSON STREET
FORT MYERS, FL 33916 US

Mailing Address
2201 ISLE OF PINES AVENUE
FORT MYERS, FL 33905 US

DO NOT WRITE IN THIS SPACE

02172006 No Chg-F CR2E034 (11/05)

4. FEI Number
65-0090052

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

LESSER, DENNIS
2201 ISLE OF PINES AVENUE
FORT MYERS, FL 33905

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 ____________________ 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	D
NAME	LESSER, DENNIS J.
STREET ADDRESS	2201 ISLE OF PINES AVE
CITY-ST-ZIP	FT. MYERS, FL
TITLE	V
NAME	LESSER, LYDIA
STREET ADDRESS	2201 ISLES OF PINES AVENUE
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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04/26/06-80014-022 150.00

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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: V [signature] 4-10-06 239 437 [illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #