

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03097

1. Entity Name
QUALITY PLUS ELECTRIC, INC.



Principal Place of Business
1511 SEMINOLA BLVD.
SUITE 1093
CASSELBERRY, FL 32707 US

Mailing Address
1511 SEMINOLA BLVD.
SUITE 1093
CASSELBERRY, FL 32707 US



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0132857

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, DAVID A.
312 WYNDHAM WAY
CASSELBERRY, FL 32707

**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

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**

U00000387169
01/19/06-80028-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TIFFANY, GEORGE 4317 NEKO CT. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST MORRIS, DAVID A. 312 WYNDHAM WAY CASSELBERRY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Morris

1/11/06

407-699-6991

Date

Daytime Phone #