


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90050 025 \*\*\*150.00

<b>DOCUMENT # L52203</b>			
1. Entity Name <b>FLORIDA QUALIFIED PROPERTY MANAGEMENT INC.</b>			
Principal Place of Business <b>15480 EMMELMAN RD WELLINGTON FL 33414 US</b>		Mailing Address <b>15480 EMMELMAN RD WELLINGTON FL 33414 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>11863 Wimbledon Cir #414</b>		Suite, Apt. #, etc. <b>11863 Wimbledon Cir #414</b>	
City & State <b>Wellington FL</b>		City & State <b>Wellington, FL</b>	
Zip <b>33414</b>	Country <b>PBC.</b>	Zip <b>33414</b>	Country <b>PBC.</b>
6. Name and Address of Current Registered Agent <b>ARMENTO, JOAN 15480 EMMELMAN ROAD WELLINGTON FL 33414</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	NAME <b>ARMENTO, JOAN</b>	TITLE <b>P</b>	NAME <b>Armento Joan</b>
STREET ADDRESS <b>15480 EMMELMAN RD</b>	CITY-ST-ZIP <b>WELLINGTON FL</b>	STREET ADDRESS <b>11863 Wimbledon Cir #414</b>	CITY-ST-ZIP <b>Wellington, FL 33414</b>
TITLE <b>VP</b>	NAME <b>ARMENTO, ROCKY</b>	TITLE <b>VP</b>	NAME <b>Armento Rocky</b>
STREET ADDRESS <b>15480 EMMELMAN RD</b>	CITY-ST-ZIP <b>WELLINGTON FL</b>	STREET ADDRESS <b>11863 Wimbledon Cir #414</b>	CITY-ST-ZIP <b>Wellington, FL 33414</b>
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP



**50017226**



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0174762** Applied For  
Not Applicable

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

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:** Joan Armento (Joan Armento) 2/10/05 561-798-6978  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #