# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**May 05, 2006**
**Secretary of State**

DOCUMENT# L74034

**Entity Name:** A-1 QUALITY COUNTER TOPS, INC.

**Current Principal Place of Business:**

2861 WORK DR
FT MYERS, FL 339163500

**New Principal Place of Business:**

**Current Mailing Address:**

2861 WORK DR
FT MYERS, FL 339163500

**New Mailing Address:**

**FEI Number: 65-0195760** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOX, ROBERT
21 LINCOLN AVENUE
LEHIGH ACRES, FL 33936 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: FOX, ROBERT,
Address: 21 LINCOLN
City-St-Zip: LEHIGH ACRES, FL

Title: VTS (X) Delete
Name: FOX, JENNIFER L
Address: 21 LINCOLN AVE
City-St-Zip: LEHIGH ACRES, FL 33936

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: FOX, ROBERT,
Address: 21 LINCOLN
City-St-Zip: LEHIGH ACRES, FL 33936

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT FOX PD 05/05/2006

Electronic Signature of Signing Officer or Director Date