

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000007433**

1. Entity Name  
**QW ENTERPRISE, LLC**



Principal Place of Business

**812 SAND RIDGE DR.  
VALRICO, FL 33594**

Mailing Address

**812 SAND RIDGE DR.  
VALRICO, FL 33594**

**DO NOT WRITE IN THIS SPACE**



04042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**59-3610430**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WELLS, CALVIN T SR.  
812 SAND RIDGE DR.  
VALRICO, FL 33594**

**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

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WELLS, CALVIN T SR.
STREET ADDRESS	812 SAND RIDGE DR.
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	MGRM
NAME	WELLS, QUINTA
STREET ADDRESS	812 SAND RIDGE DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80060-009 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**CALVIN T. WELLS SR.**  
*Calvin T Wells Sr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4-11-06**

Date

**813-661-5546**

Daytime Phone #