


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002512
 1. Entity Name
 Q.U.I.E.T., INC.



Principal Place of Business
 9280 HECKSCHER DR
 JACKSONVILLE, FL 32226

Mailing Address
 9280 HECKSCHER DR
 JACKSONVILLE, FL 32226

DO NOT WRITE IN THIS SPACE



02092005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3741628

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SAMMONS, JESSIE W
 9280 HECKSCHER DR
 JACKSONVILLE, FL 32226

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SAMMONS, JESSIE W 9280 HECKSCHER DR JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SAMMONS, H KENNETH 9280 HECKSCHER DR JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ETHERIDGE, JOAN 9172 HECKSCHER DR JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV TEEMS, JOHN 13539 PICARSA DR JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000294569
 04/08/05-80075-008 61.25

DO NOT WRITE IN THIS SPACE

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 617, 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: Jessie W. Sammons / Jessie W. Sammons 4-07-05 904/251-3384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #