

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008417

Entity Name: Q.W.A.P. INCORPORATED

FILED  
Jan 26, 2009  
Secretary of State

## Current Principal Place of Business:

210 BAY STREET  
#4  
FORT WALTON BEACH, FL 32548

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1114  
DESTIN, FL 32540

## New Mailing Address:

FEI Number: 20-5204844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HICKMAN, JAMES A  
220 GOVERNMENT STREET  
STE 1  
NICEVILLE, FL 32578 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: P ( ) Delete  
Name: SHEFFIELD, LINDA  
Address: 231 COMBS MANOR CT  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP ( ) Delete  
Name: PACKER, MONIQUE N  
Address: 208 OAKDALE AVENUE  
City-St-Zip: MARY ESTHER, FL 32550

Title: SEC ( ) Delete  
Name: THOMPSON, WYLETHA D  
Address: 19 HIGHLAND DRIVE NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SHEFFIELD, LINDA  
Address: 4426 STONEBRIDGE RD  
City-St-Zip: DESTIN, FL 32541 OK

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

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA SHEFFIELD

PRES

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date