

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90049 001 ****61.25

60008500



01042006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2841856

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

QUALIFIED PROPERTY MANAGEMENT, INC.
10730 U.S. HIGHWAY 19
STE 17
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PING, VERONICA D.	
STREET ADDRESS	4808 EASTFIELD CT ---	
CITY-ST-ZIP	NEWPORT RICHEY, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIETRZAK, MARY --	
STREET ADDRESS	4890 SHEFFIELD DRIVE --	
CITY-ST-ZIP	NEWPORT RICHEY, FL --	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWN, ROBERT --	
STREET ADDRESS	4750 SHEFFIELD DR --	
CITY-ST-ZIP	NEWPORT RICHEY, FL --	
TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	REIF, EVA ----	
STREET ADDRESS	4788 SHEFFIELD DR ---	
CITY-ST-ZIP	NEWPORT RICHEY, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIGKEY, LINNEA E --	
STREET ADDRESS	4809 WESTBURY COURT --	
CITY-ST-ZIP	NEWPORT RICHEY, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ping Veronica D.	
STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	Port Richey, FL	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pietrzak, Mary	
STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	Port Richey, FL	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Robert	
STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	Port Richey, FL	
TITLE	SDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chapen, Mary Ann	
STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	Port Richey, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shannon, Mary Ann	
STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	Port Richey, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Veronica D. Ping VERONICA D. PING Jan. 25, 2006 Jan. 25, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #