


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90002 050 \*\*\*\*70.00

<b>DOCUMENT # N25948</b> 1. Entity Name <b>REX QUALITY CORPORATION</b>					
Principal Place of Business <b>P. O. BOX 1107 LAKE WALES, FL 33859-1107 US</b>				Mailing Address <b>P. O. BOX 1107 LAKE WALES, FL 33859-1107 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3112547</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RIGNANESE, CYNTHIA CROFOOT 198 1 STREET SOUTH WINTER HAVEN, FL 33880</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, MICHAEL</b>		NAME	<b>Jennifer Wallace</b>	
STREET ADDRESS	<b>1418 CHAMBERLIN LOOP</b>		STREET ADDRESS	<b>1403 Chamberlain Loop</b>	
CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>		CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEBB, SARAH</b>		NAME	<b>Pauline Turner</b>	
STREET ADDRESS	<b>832 CHAMBERLIN LOOP</b>		STREET ADDRESS	<b>812 Chamberlain Loop</b>	
CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>		CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRANHAM, JACK</b>		NAME	<b>Donna Gruhn</b>	
STREET ADDRESS	<b>742 CAMBRIDGE WAY</b>		STREET ADDRESS	<b>750 Cambridge Way</b>	
CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>		CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPENCER, DORMAN</b>		NAME	<b>Jack Trantham</b>	
STREET ADDRESS	<b>1422 CHAMBERLAIN LOOP</b>		STREET ADDRESS	<b>742 Cambridge way</b>	
CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>		CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	<b>DEBONI, ENRIQUE</b>		NAME		
STREET ADDRESS	<b>1420 COVINGTON COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Jennifer Wallace</i>			<i>Jennifer Wallace</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>8/63 676-0584</i>		