

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000022550

1. Entity Name
QUEEN'S TOUCH, INC.



Principal Place of Business
2795 JUDE ISLAND WAY
NAPLES, FL 34119-7528

Mailing Address
2795 JUDE ISLAND WAY
NAPLES, FL 34119-7528

FILED
06 APR 27 AM 11:52

STATE
FLORIDA



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0982955

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

QUEEN, VALERIE
2795 JUDE ISLAND WAY
NAPLES, FL 34119

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	QUEEN, VALERIE
STREET ADDRESS	2795 JUDE ISLAND WAY
CITY-ST-ZIP	NAPLES, FL 341197528
TITLE	D
NAME	QUEEN, DENNIS
STREET ADDRESS	2795 JUDE ISLAND WAY
CITY-ST-ZIP	NAPLES, FL 341197528
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700074153037
05/08/06--01019--026 **8.75

700074153037
05/08/06--01019--027 **150.00

DO NOT WRITE
IN THIS SPACE

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 607, 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:

Valerie M. Queen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.06

Date

239 566 3748

Daytime Phone #