

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90227 006 ***150.00

DOCUMENT # P00000032921		
1. Entity Name QUALITY PLASTERING AND REPAIRS, INC.		

Principal Place of Business 5842 BUCHANAN ST. HOLLYWOOD, FL 33021	Mailing Address 5842 BUCHANAN ST. HOLLYWOOD, FL 33021
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2. Principal Place of Business 600 S. 62nd Ave Suite, Apt. #, etc. #34 Mainstreet City & State Hollywood, FL Zip 33021 Country US	3. Mailing Address 600 S. 62nd Ave Suite, Apt. #, etc. #34 Mainstreet City & State Hollywood, FL Zip 33021 Country US
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04252006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent ANTHONY, JOHN C 5842 BUCHANAN ST. HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name John C. Anthony Street Address (P.O. Box Number is Not Acceptable) 600 S. 62nd Ave #34 Mainstreet City Hollywood FL Zip Code 33021	
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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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANTHONY, JOHN C 5842 BUCHANAN ST. HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John C. Anthony 600 S. 62nd Ave, #34 Mainstreet Hollywood FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John Anthony, President 4/29/06 954-270-6831
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #