

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90034 045 ***150.00

DOCUMENT # P00000065961 1. Entity Name Q & C OF NORTH FLORIDA, INC.					
Principal Place of Business 1525 N OHIO AVE LIVE OAK, FL 32064			Mailing Address 1525 N OHIO AVE LIVE OAK, FL 32064		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01182005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3653776				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> SKIERSKI, J QUINN 1525 N OHIO AVE LIVE OAK, FL 32064 </div> <div> Andrew S. Kelley 1525 N Ohio Ave Live Oak, FL 32064 </div> </div>			7. Name and Address of New Registered Agent <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> Name Andrew S. Kelley Street Address (P.O. Box Number is Not Acceptable) 1525 N. Ohio Ave City Live Oak </div> <div> FL Zip Code 32064 </div> </div>		
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SKIERSKI, J QUINN <input checked="" type="checkbox"/> Delete 302 S OHIO AVE LIVE OAK, FL 32060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Andrew S. Kelley 1091 NE CR 354 Mayo, FL 32066	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKIERSKI, CYND K <input checked="" type="checkbox"/> Delete 302 S OHIO AVE LIVE OAK, FL 32060		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 exemption stated in Section 119.07(3)(i), 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, without other like empowered.					
SIGNATURE: <i>J. Skierski</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/20/05 386-362-3707 <small>Date Daytime Phone #</small>		