

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117672

FILED
Jul 06, 2005
Secretary of State

Entity Name: QUEEN ENTERPRISES OF AMERICA, INC.

Current Principal Place of Business:

15331 YELLOW BLUFF ROAD
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

15331 YELLOW BLUFF ROAD
JACKSONVILLE, FL 32226

New Mailing Address:

PO BOX 3291
JACKSONVILLE, FL 32206

FEI Number: 80-0021540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANIER-NILES, PATRICIA A
6628 HYDE GROVE AVENUE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: QUEEN, GARY MACK
Address: 15331 YELLOW BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: VSD () Delete
Name: QUEEN, VONNIE
Address: 15331 YELLOW BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VONNIE QUEEN

VSD

07/06/2005

Electronic Signature of Signing Officer or Director

Date