ANNUAL REPORT

SIGNATURE:

Darlene K.

Kize:

FILED DOCUMENT # P02000012146 Jan 23, 2004 8:00 am 1. Entity Name AQC SERVICES, INC. **Secretary of State** 01-23-2004 90018 009 ***150.00 Principal Place of Business Mailing Address 2312 LONG GREEN CT 2312 LONG GREEN CT VALRICO, FL 33594 VALRICO, FL 33594 2. Principal Place of Business 3. Mailing Address <u> 1229 Corinth Greens Dr</u> <u>5</u>01 S Falkenburg Rd Suite, Apt. #, etc. ouite,"Apt. #, etc. 01072004 Cha-P CR2E034 (10/03) i Olar Ot Unit C-21 City & State 4. FEI Number City & State Applied For Sun City Ctr,FL 01-0601296 Tampa, FL 33619 Not Applicable Zip Country Country \$8.75 Additional Fee Required 5. Certificate of Status Desired П 33573 USA USA 33619 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIZER, DARLENE K Same Street Address (P.O. Box Number is Not Acceptable) 2312 LONG GREEN CT VALRICO, FL 33594 1229 Corinth Greens Dr City Zip Code 33573 <u>Sún City Ctr</u> 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 Darlene K. Kizer 1-16-04 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PV TITLE Delete Addition NAME KIZER, RANDALL L NAME STREET ADDRESS 2312 LONG GREEN CT STREET ADDRESS 1229 Corinth Greens Dr CITY-ST-ZIP VALRICO, FL 33594 CITY-ST-ZIP Sun City Ctr. FL me ST ☐ Delete ПΒЕ ☐ Addition NAME KIZER, DARLENE K NAME 1229 Corinth Greens Dr STREET ADDRESS 2312 LONG GREEN CT STREET ADDRESS CITY-ST-7IP VALRICO, FL 33594 CITY-ST-ZIP Sun City Ctr, FL 33573 TITI F Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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, with all other like empowered.

1-16-04 813/662-9507