


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 21, 2005 08:00 AM  
Secretary of State

DOCUMENT # P02000012146 1. Entity Name AQC SERVICES, INC.	
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Principal Place of Business 1229 CORINTH GREENA DR SUN CITY CENTER, FL 33573	Mailing Address 501 S FALKENBURG RD UNIT C-21 TAMPA, FL 33619
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0601296	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  KIZER, DARLENE K 1229 CORINTH GREENA DR. SUN CITY CENTER, FL 33573
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relisting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U000000188011

01/24/05 80037 001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV KIZER, RANDALL L 1229 CORINTH GREENA DR. SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIZER, DARLENE K 1229 CORINTH GREENA DR SUN CITY CENTER, FL 33573
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Darlene K Kizer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-05 813/662-9507  
Date Daytime Phone