

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90088 026 ***150.00

DOCUMENT # P02000012146 1. Entity Name AQC SERVICES, INC.			
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	
2. Principal Place of Business - No P.O. Box # 501 S. FAULKENBURG		3. Mailing Address 501 S. FAULKENBURG RD	
Suite, Apt. #, etc. Unit C-21		Suite, Apt. #, etc. Unit C-21	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33619		Zip 33619	
Country USA		Country USA	
4. FEI Number 01-0601296		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 KIZER, DARLENE K - 1229 CORINTH GREENA DR. SUN CITY CENTER, FL 33573		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 <u><i>Darlene K Kizer</i></u> DARLENE K KIZER, SECY TREAS 1-13-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retesting) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PV KIZER, RANDALL L 1229 CORINTH GREENA DR. SUN CITY CENTER, FL 33573 <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	ST KIZER, DARLENE K 1229 CORINTH GREENA DR SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Darlene K Kizer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-13-07 813-662-9507 <small>Date Daytime Phone #</small>	