

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000014168**

1. Entity Name

Q FACTOR ADVERTISING INC.



Principal Place of Business

5314 DEER FOREST PLACE  
PARRISH, FL 34219

Mailing Address

5314 DEER FOREST PLACE  
PARRISH, FL 34219



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number

80-0022958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LINEBERGER, KEVIN  
5314 DEER FOREST PLACE  
PARRISH, FL 34219

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME LINEBERGER, KEVIN  
STREET ADDRESS 5314 DEER FOREST PLACE  
CITY-ST-ZIP PARRISH, FL 34219

TITLE  
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01/19/06-80037-023 150.00

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:**

*Kevin Lineberger* Kevin Lineberger

1-11-2006

941-749-1463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #