

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90207 011 ***150.00

DOCUMENT # P02000015190

1. Entity Name
QUICKSHADE & RAINBLOCK ROLLOUT AWNINGS, INC.



Principal Place of Business
**250 AUSTRALIAN AVE SOUTH #1550
WEST PALM BEACH, FL 33401**

Mailing Address
**250 AUSTRALIAN AVE SOUTH #1550
WEST PALM BEACH, FL 33401**

2. Principal Place of Business

3. Mailing Address

**The Montecito - Suite 801
616 Clearwater Park Road
West Palm Beach, Florida 33401**

**The Montecito - Suite 801
616 Clearwater Park Road
West Palm Beach, Florida 33401**



062006 Chg-P CR2E034 (11/05)

FEI Number
02-0555623

Applied For
Not Applicable

Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

**SCHNEIDER, JOHN C
250 AUSTRALIAN AVE SOUTH #1550
WEST PALM BEACH, FL 33401**

Name **John C. Schneider**
Street **The Montecito - Suite 801
616 Clearwater Park Road**
City **West Palm Beach, FL 33401**

ip Code

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 reinstating)

DATE

John C. Schneider

4/21/06

**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 **P** ☐ Delete
NAME **WADDLE, ANTHONY J**
STREET ADDRESS **8897 PINION DRIVE**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anthony J. Waddle

4/8/06 (561) 758-7678