

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000108104

1. Entity Name
QUIGLEY TREES, INC.



Principal Place of Business
**7950 NW 82ND TERRACE
PARKLAND, FL 33067-1030**

Mailing Address
**7950 NW 82ND TERRACE
PARKLAND, FL 33067-1030**



05032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **56-2297230** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLAHERTY, CONSTANCE Q
7950 NW 82ND TERRACE
PARKLAND, FL 33067-1030**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUIGLEY, PETER M
STREET ADDRESS	728 MICHAELS COURT
CITY-ST-ZIP	STUART, FL 34996
TITLE	SD
NAME	QUIGLEY, SEAN D
STREET ADDRESS	7950 NW 82ND TERRACE
CITY-ST-ZIP	PARKLAND, FL 330671030
TITLE	TD
NAME	QUIGLEY, CONSTANCE Q
STREET ADDRESS	7950 NW 82ND TERRACE
CITY-ST-ZIP	PARKLAND, FL 330671030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/19/06-80046-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #

Constance Q Flaherty
Constance Q Flaherty 5/2/06

954-753-4910