



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

| | | | |
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| DOCUMENT # P03000005427 | |  | |
| 1. Entity Name Q-MAN, INC. | | | |
| Principal Place of Business 11668 RENAISSANCE VIEW COURT TAMPA, FL 33626 | | Mailing Address 11668 RENAISSANCE VIEW COURT TAMPA, FL 33626 | |
| DO NOT WRITE IN THIS SPACE | | 01102005 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 41-2078370 Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent QUARLES, SHELTON E 11668 RENAISSANCE VIEW CT. TAMPA, FL 33626 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | U000000184005 01/20/05-80011-010 150.00 | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | PTD QUARLES, SHELTON E 11668 RENAISSANCE VIEW COURT TAMPA, FL 33626 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | VSD QUARLES, DAMARIS 11668 RENAISSANCE VIEW COURT TAMPA, FL 33626 | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered. | | | |
| SIGNATURE:  | | 1/13/05 913 785 5150 Date Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |