

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000035156 1. Entity Name THE QUEEN OF CREAM, INC.	
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Principal Place of Business 430 SOUTH HEATHWOOD DRIVE MARCO ISLAND, FL 34145	Mailing Address 430 SOUTH HEATHWOOD DRIVE MARCO ISLAND, FL 34145
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0066494	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARCIANO, MICHAEL 430 SOUTH HEATHWOOD DRIVE MARCO ISLAND, FL 34145

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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARCIANO, MICHAEL 430 SOUTH HEATHWOOD DRIVE MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARCIANO, KAREN E 430 SOUTH HEATHWOOD DRIVE MARCO ISLAND, FL 34145
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000176273 01/10/05-80085-011 150.00
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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 an address, with all other like empowered.

SIGNATURE:  2618667(239) President 1-505	Date _____	Daytime Phone # _____
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