


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90003 049 \*\*\*150.00

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # P03000062806</b>  |   |   |  |                       |  |
| <b>1. Entity Name</b><br>QUALITY CALLS, INC.  |   |   |  |  |  |
| <b>Principal Place of Business</b><br><del>2519 MCWILLEN BOOTH RD STE 310-302</del><br>CLEARWATER, FL 33761   |   |   | <b>Mailing Address</b><br><del>2519 MCWILLEN BOOTH RD STE 310-302</del><br>CLEARWATER, FL 33761  |  |  |
| <b>2. Principal Place of Business</b><br>14001 63RD WAY N<br>Suite, Apt. #, etc.  |   | <b>3. Mailing Address</b><br>14001-63RD WAY N<br>Suite, Apt. #, etc.                              |  |                      |  |
| <b>City &amp; State</b><br>CLEARWATER, FL   |   | <b>City &amp; State</b><br>CLEARWATER, FL   |  | <b>4. FEI Number</b><br>NOT APPLICABLE   |  |
| <b>Zip</b><br>33760   |   | <b>Country</b>  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>LUTICH, SHERI<br><del>1856 MELANIE WAY</del><br><del>PALM HARBOR, FL 34683</del>  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name: SAME<br>Street Address (P.O. Box Number is Not Acceptable): 14001-63RD WAY N.<br>City: CLEARWATER FL Zip Code: 33760 |  |  |
| <b>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.</b>  |   |   |  |  |  |
| SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____   |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</b>   |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DPVT<br>LUTICH, SHERI<br><u>1856 MELANIE WAY</u><br>PALM HARBOR, FL 34683 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DPVT<br>SHERI LUTICH<br>14001-63RD WAY N.<br>CLEARWATER FL 33760                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>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.</b> |   |   |  |  |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   | Date: 7/25/05 Daytime Phone #:   |  |  |

ATTACHMENT 50058202  
#03000062806  
**Quality Calls, Inc.**  
14001 63<sup>rd</sup> Way North  
Clearwater, FL 33760  
Tel (727) 538-4704

July 25, 2005

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: 2005 For Profit Corporation Annual Report - Quality Calls, Inc.**

Dear Sir or Madam:

Enclosed please find the completed 2005 For Profit Corporation Annual Report for the above captioned entity.

We recently hired a controller for our business that reviewed our status with the Division of Corporations. We discovered that the 2005 filing was not completed by the May 1, 2005 due date. Further review indicated that the reason for this omission was that the Division still has our old address on file. We are assuming that this is the reason that we did not receive a form to file for 2005.

Enclosed is our company check in the amount of \$150 to file the 2005 return. We respectfully request that you abate the \$400 late filing fee and accept the enclosed form and payment as timely made. As you can see by the form, we have changed the address on the forms to our new address. We anticipate that this will resolve any further issues.

There was no lack of diligence on the part of the principals to timely file this return. Upon discovering the delinquency it was remedied immediately, your attention to our request is greatly appreciated.

Sincerely,

  
Sheri Lutich, Vice President