

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000077026**

1. Entity Name  
**QUALI-TEK MAINTENANCE INC.**



Principal Place of Business

**1579 OAK HILL TRAIL  
KISSIMMEE, FL 34747**

Mailing Address

**1579 OAK HILL TRAIL  
KISSIMMEE, FL 34747**

**DO NOT WRITE IN THIS SPACE**



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0065207**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KIRBY, YVONNE  
1579 OAK HILL TRAIL  
KISSIMMEE, FL 34747**

**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: *Yvonne Kirby*

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

(NOTE: Registered Agent Signature required when reinstating)

DATE 1/14/05

**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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KIRBY, YVONNE  
1579 OAK HILL TRAIL  
KISSIMMEE, FL 34747**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WOJCICKI, WALDEMAR  
7807 LILLWILL AVE  
KISSIMMEE, FL 34747**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

UN00011238339

- 02/21/05-80096-002 150.00

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IN THIS SPACE**

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: *Yvonne Kirby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/14/05 4073977475