

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2004 8:00 am
Secretary of State

06-11-2004 90001 002 ***150.00

DOCUMENT # P03000078366

1. Entity Name
KQ ENTERPRISES, INC.



Principal Place of Business
1429 SE 14 AVE
DEERFIELD BCH, FL 33441

Mailing Address
P.O. BOX 8691
DEERFIELD BEACH, FL 33443

03007100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06082004

Chg-P

CR2E034 (10/03)

4. FEI Number

86-1090104

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRUYF, LEON
1429 SE 14 AVE
DEERFIELD BCH, FL 33441

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STRUYF, LEON
1429 SE 14 AVE
DEERFIELD BCH, FL 33441 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

Leon Struyf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-04

954 885-9696

Date

Daytime Phone #

Attachment 54057166

Leon Struyf
KQ Enterprises, Inc.
1429 SE 14 Avenue
Deerfield Beach, FL 33441

#P03000078366

June 08, 2004

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

RE: Document # P03000078366
Annual Report

Dear Division of Corporations:

Please find enclosed my Annual Report which was recently due. I am just now filing because of two things:

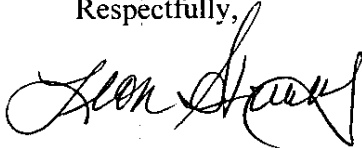
First, I was not notified that this was due, and it is my first filing. My corporation was just started in July of 2003. I had no idea this report would be due so soon.

Second, I have been ill with pneumonia for a month, and was under my doctor's care for this illness from April 23 through May 18. I was bedridden and unable to perform any of my routine duties. I have enclosed written verification from my doctor along with this mailing.

I request that you waive your late fee due to the above circumstances.

Thank you, in advance for your consideration in this regard.

Respectfully,



Leon Struyf
President

Encl.

Attachment 54057166

41030000 78366

Personal Physician Care, P.A.

4800 Linton Blvd., Ste. F-107, Delray Beach, Florida 33445 • (561) 498-5660

DAVID NEUMAN, M.D.
DEA REG. NO. BN 0503070

SUSAN BARISH, M.D.
DEA REG. NO. BB 3421790

ROY S. COHEN, M.D.
DEA REG. NO. AC 5191224

MICHAEL BRUCE, PA-C
Rx NO. PAX0003928

CARLOS D. CHIRIBOGA, D.O.
DEA REG. NO. BC 5378965

Name: Leon Struyf Age: _____

Address: _____ Date: 6/2004

R

Patient was sick onel under
my care. He was treated for
Pneumonia. He was ill from
APRIL 23 through MAY 18

☐ Label

Refill: _____ Times Dr. Agman