

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90227 015 ***150.00

DOCUMENT # P04000020777

1. Entity Name

QUALITY EARTHWORX, INC.



Principal Place of Business
**1360 IRON HORSE BEND
GENEVA, FL 32732**

Mailing Address
**1360 IRON HORSE BEND
GENEVA, FL 32732**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

42-1623172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, TRACY M
1360 IRON HORSE BEND
GENEVA, FL 32732**

7. Name and Address of New Registered Agent

Name **DANIEL, TRACY M**

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

1360 IRON HORSE BEND

City **GENEVA**

FL

Zip Code
32732

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

Tracy M Daniel

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DANIEL, DOUGLAS J	
STREET ADDRESS	1360 IRON HORSE BEND	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	T	<input type="checkbox"/> Delete
NAME	DANIEL, DOUGLAS J	
STREET ADDRESS	1360 IRON HORSE BEND	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SMITH, TRACY M	
STREET ADDRESS	1360 IRON HORSE BEND	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DANIEL, TRACY M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, TRACY M	
STREET ADDRESS	1360 IRON HORSE BEND	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Tracy M Daniel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 22 05 407 314 3321

Date

Daytime Phone #