## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000028374

Entity Name: QUALITY FUEL CONTROL INC.

FILED Mar 17, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 250 SECURITY SQUARE WINTER HAVEN, FL 33880 **Current Mailing Address: New Mailing Address:** PO BOX 1969 WINTER HAVEN, FL 33883 FEI Number: 20-0823289 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROCK, JERRY VAUGHAN, STEPHEN D 5302 ST LUCIA DR 250 SECUŔITY SQUARE LAKELAND, FL 33813 WINTER HAVEN, FL 338806315 US US 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. SIGNATURE: STEPHEN D VAUGHAN 03/17/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition VAUGHAN, STEPHEN D Name: Name: 3714 RED OAK COURT Address: Address: City-St-Zip: LAKES WALES, FL 33898 City-St-Zip: Title: VD (X) Delete Title: () Change () Addition Name: BROCK, JERRY Name: 5302 ST LUCIA DR Address: Address: LAKELAND, FL 33813 City-St-Zip: City-St-Zip: Title: Title: VD ( ) Delete () Change () Addition ACREE, TIM Name: Name: 1301 ARIANA WOODS CIRCLE Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: SD ( ) Delete Title: STD (X) Change ( ) Addition ACREE, DANITA ACREE, DANITA Name: Name: 1301 ARIANA WOODS CIRCLE Address: Address: 1301 ARIANA WOODS CIRCLE City-St-Zip: City-St-Zip: AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 Title: (X) Delete Title: () Change () Addition GLISSON, GINA Name: Name: 3746 FEATHER DR Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DANITA ACREE ST 03/17/2005

City-St-Zip:

LAKELAND, FL 33813