

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90015 019 ***558.75

DOCUMENT # P04000039500

1. Entity Name
QUALITY SCREENING & ENCLOSURES INC.



Principal Place of Business
**30375 QUAIL ROOD TRAIL UNIT I
BIG PINE KEY, FL 33043**

Mailing Address
**30375 QUAIL ROOD TRAIL UNIT I
BIG PINE KEY, FL 33043**

2. Principal Place of Business

3. Mailing Address

30377 Quail Rood Tr #5

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08242005

Chg-P

CR2E034 (10/03)

City & State

City & State

Big Pine Key, FL.

4. FEI Number

680581850

Applied For

Not Applicable

Zip

Country

Zip

33043

Country

USA

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

**TRUMBLE, DAWN
30377 QUAIL ROOD TRAIL #5
BIG PINE KEY, FL 33043**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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
TRUMBLE, JIM
30377 QUAIL ROOD TRAIL #5
BIG PINE KEY, FL 33043**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #