

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000058363	
1. Entity Name QUALITY FLOORS OF TARPON, INC.	

Principal Place of Business 1216 S MISSOURI AVE UNIT 412 CLEARWATER, FL 33756 US	Mailing Address 1216 S MISSOURI AVE UNIT 412 CLEARWATER, FL 33756 US
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03232006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1040596	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIRILLAS, KONSTANTINOS 1216 S MISSOURI AVE # 412 CLEARWATER, FL 33756

**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 _____ (NOTE: Registered Agent signature required when reinstating)

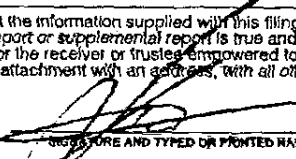
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000507151 04/27/06-80053-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIRILLAS, KONSTANTINOS 111 NORTH LADY MARY DRIVE UNIT 1 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIOLETIS, PHOTIOS 111 NORTH LADY MARY DRIVE UNIT 1 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC VIOLETIS, VASILIKI 111 NORTH LADY MARY DRIVE UNIT 1 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **KONSTANTINOS SIRILLAS** **APRIL 11, 2006 (727) 298-0015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #