

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000138153

1. Entity Name

QUALITY PRECAST STONE INC.



Principal Place of Business

7647 WORRAL DRIVE
LAKE WORTH, FL 33463

Mailing Address

7647 WORRAL DRIVE
LAKE WORTH, FL 33463



01162006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3798369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINDEBANK, OLIVER
7647 WORRAL DRIVE
LAKE WORTH, FL 33463

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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

Oliver Windebank
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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000481719
04/11/06-80042-020 150.00

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME WINDEBANK, OLIVER
STREET ADDRESS 7647 WORRAL DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE VP/T
NAME WINDEBANK, OLIVER
STREET ADDRESS 7647 WORRAL DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE S
NAME WINDEBANK, OLIVER
STREET ADDRESS 7647 WORRAL DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Oliver Windebank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/6. 1-561-967 4232

Daytime Phone #