

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157557

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: FLORIDA QUALITY COMPONENTS, INC.

## Current Principal Place of Business:

2457 CLUBSIDE CT UNIT  
224  
PALM HARBOR, FL 34683

## New Principal Place of Business:

4610 PROFESSIONAL LOOP  
NEW PORT RICHEY, FL 34652

## Current Mailing Address:

2457 CLUBSIDE CT UNIT  
224  
PALM HARBOR, FL 34683

## New Mailing Address:

4610 PROFESSIONAL LOOP  
NEW PORT RICHEY, FL 34652

FEI Number: 20-1906639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOWD, JEFFERY A PA  
3016 US HWY 301 N SUITE 900  
TAMPA, FL 33619 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: GEHRIG, CRAIG  
Address: 2457 CLUBSIDE CT UNIT 224  
City-St-Zip: PALM HARBOR, FL 34683

Title: VTD ( ) Delete  
Name: JACUSIS, RON  
Address: 2457 CLUBSIDE CT UNIT 224  
City-St-Zip: PALM HARBOR, FL 34683

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: GEHRIG, CRAIG  
Address: 4610 PROFESSIONAL LOOP  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VTD (X) Change ( ) Addition  
Name: JACUSIS, RON  
Address: 4610 PROFESSIONAL LOOP  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: CRAIG A GEHRIG

PSD

04/25/2006

Electronic Signature of Signing Officer or Director

Date