

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90096 023 \*\*\*150.00

DOCUMENT # P04000169266

1. Entity Name  
A & Q LATH AND STUCCO, INC



Principal Place of Business  
5240 E. COLONIAL DR  
SUITE F  
ORLANDO, FL 32807

Mailing Address  
~~163 FLORIDA PARKWAY~~  
~~KISSIMMEE, FL 34743~~

50048728



2. Principal Place of Business

3. Mailing Address

922 FLORIDA PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292005

Chg-P

CR2E034 (10/03)

City & State

KISSIMMEE, FL

4. FEI Number

20-2030842

Applied For

Not Applicable

Zip

Country

Zip

34743

Country

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

MESA FRANCO, AL  
5240 E. COLONIAL DR  
SUITE F  
ORLANDO, FL 32807

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D  
NAME QUIDGLEY, CARLOS A  
STREET ADDRESS ~~163 FLORIDA PARKWAY~~ 922 FLORIDA PARKWAY  
CITY-ST-ZIP KISSIMMEE, FL ~~34743~~ 34743

TITLE  
NAME GARCIA-ORTIZ, PABLO J  
STREET ADDRESS 163 FLORIDA PARKWAY  
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE VP/D  
NAME ARTICA, JOSE A  
STREET ADDRESS 163 FLORIDA PARKWAY  
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S/D  
NAME QUIDGLEY, CAMILLE M  
STREET ADDRESS 163 FLORIDA PARKWAY  
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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: X

CARLOS A QUIDGLEY

Date

Daytime Phone #

(407) 557-7219