
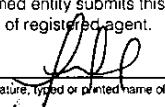
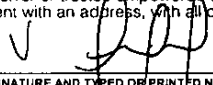


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90156 001 \*\*\*150.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # P05000008365</b><br>1. Entity Name<br><b>QUALITY PAINT BY MARCO INC.</b>   |   |   |   |  |  |
| Principal Place of Business<br><b>825 EAST CYPRESS ST.<br/>APT. E797<br/>TARPON SPRINGS, FL 34689</b>  |   |   | Mailing Address<br><b>825 EAST CYPRESS ST.<br/>APT. E797<br/>TARPON SPRINGS, FL 34689</b>   |   |  |
| 2. Principal Place of Business<br><b>2019 Dixie Belle Dr</b>   |   | 3. Mailing Address<br><b>2019 Dixie Belle Dr</b>  |   |   |  |
| Suite, Apt. #, etc.<br><b>T</b>  |   | Suite, Apt. #, etc.<br><b>T</b>   |   |   |  |
| City & State<br><b>Orlando FL</b>  |   | City & State<br><b>Orlando FL</b>   |   |   |  |
| Zip<br><b>32812</b>  |   | Country<br><b>USA</b>   |   | 4. FEI Number<br><b>20-2174436</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$6.75 Additional Fee Required</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SANCHEZ, MARCO A<br/>825 EAST CYPRESS ST.<br/>APT. E797<br/>TARPON SPRINGS, FL 34689</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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.<br><br>SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:   |   |   |   |   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P. SANCHEZ, MARCO A<br/>825 EAST CYPRESS ST., APT. E797<br/>TARPON SPRINGS, FL 34689</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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:    |   |   | <b>MARCO A SANCHEZ</b><br>Date: <b>04/18/06</b> Daytime Phone #: <b>727 271-5607</b>  |   |  |