## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## Mar 01, 2006 8:00 am Secretary of State **DOCUMENT # P05000033716** 02-03-2006 90010 039 \*\*\*150.00 QUALITY NOZZLE OF WEST PALM BEACH INC. Principal Place of Business Mailing Address PPUUJIUI 6238 EATON ST. 6238 EATON ST. W. PALM BCH, FL 33411 W. PALM BCH, FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01262006 City & State Applied For City & State 5028 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOND, MAYLEE Street Address (P.O. Box Number is Not Acceptable) 6238 EATON ST. W. PALM BCH, FL 33411 City Zip Coda 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) Sloneaure, typed or printed name of registered again, and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. п ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Defete TITLE ☐ Change ☐ Addition BOND, JOHANSSON NAME HAME 6238 EATON ST. STREET ADORESS STREET ADDRESS W. PALM BCH, FL 33411 CATY-ST-ZIP Addition ☐ Change □ Delete DILE TITLE BOND, MAYLEE NAME STREET ADDRESS 6238 EATON ST. STREET ADDRESS CITY-ST-ZIP W. PALM BCH, FL 33411 CITY-ST-ZIP Addition Delate TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-20P Delete TITLE Change \_\_\_ Addition: TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-22P CITY-ST-ZP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-DP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Maylee A.BOND

secretary

FILED



MOUNTED.

## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2006

QUALITY NOZZLE OF WEST PALM BEACH INC. 6238 EATON ST.
W. PALM BCH, FL 33411

Subject: QUALITY NOZZLE OF WEST PALM BEACH INC.

Reference Number:

P05000033716

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Floring 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION