

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90001 050 \*\*\*550.00

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06282006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000060125</b> 1. Entity Name <b>QUICK SERVICES OF CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>1167 S. COOPER DR. DELTONA, FL 32725</b>			Mailing Address <b>1167 S. COOPER DR. DELTONA, FL 32725</b>		
2. Principal Place of Business <b>8016 BIRMAN St.</b>		3. Mailing Address <b>8016 BIRMAN St.</b>		4. FEI Number <b>59-3811948</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MAITLAND, FLORIDA</b>		City & State <b>MAITLAND, Florida</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32751</b>		Country <b>U.S.A.</b>			
6. Name and Address of Current Registered Agent  <b>ROSENBAUM, ANEMONE 1167 S. COOPER DR. DELTONA, FL 32725</b>			7. Name and Address of New Registered Agent Name <b>ANEMONE Rosenbaum</b> Street Address (P.O. Box Number is Not Acceptable) <b>8016 BIRMAN St.</b> City <b>MAITLAND</b> <b>FL</b> Zip Code <b>32751</b>		
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 <b>Anemone Rosenbaum President</b> <b>6-28-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>			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 NAME STREET ADDRESS CITY-ST-ZIP	P <b>ROSENBAUM, ANEMONE</b> <b>1167 S. COOPER DR.</b> <b>DELTONA, FL 32725</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P D ST</b> <b>Anemone Rosenbaum</b> <b>8016 BIRMAN St.</b> <b>MAITLAND, Florida 32751</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>CANDELARIA, JOSE LUIS</b> <b>1167 S. COOPER DR.</b> <b>DELTONA, FL 32725</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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>Anemone Rosenbaum President</b>			<b>6-28-06</b> <b>(321)229-8920</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		