

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90191 017 ***150.00
05-02-2006 90186 003 ***150.00

DOCUMENT # P05000121763 1. Entity Name KURT'S QUALITY SERVICE, INC.					
Principal Place of Business 7065 N. ELKCAM BLVD. CITRUS SPRINGS, FL 34434 US			Mailing Address 7065 N. ELKCAM BLVD. CITRUS SPRINGS, FL 34433 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HENGESBACH & TAYLOR, P.A. 5330 SPRING HILL DRIVE SUITE J SPRING HILL, FL 34606			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	P BOOKHOLT, KURT M 7065 N. ELKCAM BLVD. CITRUS SPRINGS, FL 34433 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: X <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			KURT BOOKHOLT Date		
			X 4-15-06 Date		

40079124



04062006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3515253
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required