


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90238 001 ***150.00
 04-21-2006 90238 002 *****8.75

DOCUMENT # P05000133565

1. Entity Name
 QUALITY MARBLE, TILE & STONE, INC.



Principal Place of Business: 1686 BISMARK DRIVE, DELTONA, FL 32725
 Mailing Address: 1686 BISMARK DRIVE, DELTONA, FL 32725

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State: _____

Zip: _____ Country: _____



01292006 Chg-P CR2E034 (11/05)

4. FEI Number: **59-3819131**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

DRAPEAU, BONNIE
 1686 BISMARK DRIVE
 DELTONA, FL 32725

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DRAPEAU, BONNIE	
STREET ADDRESS	1686 BISMARK DRIVE	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DRAPEAU, WILLIAM	
STREET ADDRESS	1686 BISMARK DRIVE	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHIRLEY, CHRISTOPHER	
STREET ADDRESS	1973 HUNTER AVENUE	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nuse, Daniel	
STREET ADDRESS	610 Colorado Place	
CITY-ST-ZIP	Ap 109 Altamonte Springs, FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie Drapeau **Bonnie Drapeau** 4-17-06 386-216-2209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #