

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 22, 2008 08:00 AM  
Secretary of State

DOCUMENT # P06000144254

1. Entity Name

QUALITY BOOKKEEPING PLUS, INC.



Principal Place of Business

419 SHADOW WOOD LN  
CORAL SPRINGS, FL 33071

Mailing Address

419 SHADOW WOOD LN  
CORAL SPRINGS, FL 33071



01132008

No Chg-P

CR2E034 (11/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

43-2116985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AUCONE, GERALDINE  
419 SHADOW WOOD LN  
CORAL SPRINGS, FL 33071

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000914455  
05/08/08-80057-013 150.00

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AUCONE, GERALDINE
STREET ADDRESS	419 SHADOW WOOD LN
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Geraldine Aucone Geraldine Aucone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-08

Date

954-695-0192

Daytime Phone