

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

02-11-2004 90002 023 ***150.00

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|---|---|-------------------------------------|---|--|--|
| DOCUMENT # P93000022544 1. Entity Name TQM ASSOCIATES, INC. | | | | | |
| Principal Place of Business 3594 S. OCEAN BLVD. #503 HIGHLAND BEACH FL 33487 US | | | Mailing Address 3594 S. OCEAN BLVD. #503 HIGHLAND BEACH FL 33487 US | | |
| 2. Principal Place of Business 3526 Community Dr. | | | 3. Mailing Address 3526 Community Dr. | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State Jupiter, FL | | City & State Jupiter FL | | 4. FEI Number 65-0400819 | |
| Zip 33458 Country USA | | Zip 33458 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RUNGE, DEBORAH A 3594 SOUTH OCEAN BLVD. SUITE 503 HIGHLAND BEACH FL 33487 | | | | 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 <u><i>Deborah Runge</i></u> DATE <u><i>2/23/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD RUNGE, DEBORAH A 3594 S OCEAN BLVD #503 BOCA RATON FL 33487 | <input type="checkbox"/> Delete | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Deborah Runge</i></u> DATE <u><i>2/23/04</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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