

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000060304**

1. Entity Name  
**QWICK KURB, INC.**



Principal Place of Business

**1916 US 41 SOUTH  
RUSKIN, FL 33570**

Mailing Address

**1916 US 41 SOUTH  
RUSKIN, FL 33570**



01042006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
**59-3340636**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHINDLER, ROBERT J  
1916 US 41 SOUTH  
RUSKIN, FL 33570**

**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]*  
Signature of registered agent or registered office and principal officer or director (if the registered agent is a corporation, the signature of the president or chief executive officer is required)

DATE

**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	DP
NAME	SCHINDLER, ROBERT J
STREET ADDRESS	1916 US 41 SOUTH
CITY - ST - ZIP	RUSKIN, FL 33570
TITLE	OSC
NAME	SCHINDLER, HILDEGARD M
STREET ADDRESS	1916 US 41 SOUTH
CITY - ST - ZIP	RUSKIN, FL 33570
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000517563  
05/01/06-80040-024 150.00

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT J. SCHINDLER**

Date

**1/4/06**

Daytime Phone #

**813 645 5072**