


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90271 001 ***158.75

DOCUMENT # P95000097672

1. Entity Name
RQ HOLDINGS CORPORATION



Principal Place of Business Mailing Address

220 LOOKOUT PLACE 220 LOOKOUT PLACE
 STE 150 STE 150
 MAITLAND, FL 32751 US MAITLAND, FL 32751 US

94062517



2. Principal Place of Business 3. Mailing Address

5840 Red Bug Lake Road **5840 Red Bug Lake Road**

Suite, Apt. #, etc. Suite, Apt. #, etc.
#345 **#345**

04132004 Chg-P CR2E034 (10/03)

City & State City & State

Winter Springs, FL **Winter Springs, FL**

Zip Country Zip Country
32708 **USA** **32708** **USA**

4. FEI Number Applied For

59-3353937 Not Applicable

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

6. Name and Address of Current Registered Agent

QUAID, RICHARD
220 LOOKOUT PLACE
STE 150
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name **Richard A. Quaid**

Street Address (P.O. Box Number is Not Acceptable)
5840 Red Bug Lake Road

#345

City **Winter Springs, FL** Zip Code **32708**

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: *Richard A. Quaid, Pres.* DATE: *4/16/04*

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVPS	<input type="checkbox"/> Delete
NAME	QUAID, RICHARD	
STREET ADDRESS	7220 BAY CLUB WAY	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	QUAID, RICHARD	
STREET ADDRESS	7220 BAY CLUB WAY	
CITY-ST-ZIP	ORLANDO, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *Richard A. Quaid, Pres.* DATE: *4/16/04* DAYTIME PHONE #: *407/875-1955*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR