

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000054579

1. Entity Name
Q-MARINE SERVICES, INC.



Principal Place of Business
**10 N RAVENSFIELD LANE
ORMOND BEACH FL 32174**

Mailing Address
**10 N RAVENSFIELD LANE
ORMOND BEACH FL 32174**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-3387071** Applied For
Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUICK, WILLIAM W c 10 NO RAVENSFIELD LANE ORMOND BEACH FL 32174		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

Handwritten: 1/29/06 11077

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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	P QUICK, WILLIAM W. 10 N. RAVENSFIELD LANE ORMOND BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUICK, CAROL A 10 N RAVENSFIELD LANE ORMOND BCH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

Handwritten in Block 11: U00000416688 02/13/06-80026-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* *1/29/06*