

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90013 031 ***150.00

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1. Entity Name

QB, INC.



Principal Place of Business

5812 MONTANA
NEW PORT RICHEY FL 34652

Mailing Address

5812 MONTANA
NEW PORT RICHEY FL 34652



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0713394

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, CATHY A
6643 CELESTE LANE
NEW PORT RICHEY FL 34653

Name CATHY A. HENRY
Street Address (P.O. Box Number is Not Acceptable)

5812 MONTANA AVE

City NEW Port Richey FL Zip Code 34652

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
NAME HENRY, CATHY A
STREET ADDRESS 5812 MONTANA
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP NEW Port Richey, FL. 34652 ☒ Change ☐ Addition

TITLE VP
NAME DRAPER, DAVID
STREET ADDRESS 7415 LIVEOAK LN
CITY-ST-ZIP NEWPORT RICHEY FL 34653 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SEC
NAME KIRK, ROBERT W
STREET ADDRESS 8223 TREELET COURT
CITY-ST-ZIP NEWPORT RICHEY FL 34653 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Cathy Henry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-07 727-841-7053

Date

Daytime Phone #