

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000055291**

1. Entity Name  
**QUALITY OF LIFE COACHING SERVICES, INC.**



Principal Place of Business  
**3941 NORTH SHELL ROAD  
SARASOTA, FL 34242**

Mailing Address  
**3941 NORTH SHELL ROAD  
SARASOTA, FL 34242**



07102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0768082**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TAULERE, ALAIN P  
3941 N SHELL RD  
SARASOTA, FL 34242**

**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, typed or printed name of registered agent and title if applicable*

*(NOTE: Registered Agent signature required when reinstating)*

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TAULERE, BONNIE  
STREET ADDRESS 3941 N SHELL RD  
CITY-ST-ZIP SARASOTA, FL 34242

TITLE VP  
NAME SCHMAGNER, MARY  
STREET ADDRESS 2491 8TH ST #77  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE VPD  
NAME FERGUSON, ROBERT  
STREET ADDRESS 103 MILL ROCK COURT  
CITY-ST-ZIP CARRBORO, NC 27510

TITLE T  
NAME DAHMEN, PEARL  
STREET ADDRESS 4654 FLATBUSH AVENUE  
CITY-ST-ZIP SARASOTA, FL 34233

TITLE S  
NAME PRADE, ELIZABETH  
STREET ADDRESS 4619 HIGEL AVE  
CITY-ST-ZIP SARASOTA, F 34242

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000375130  
08/01/05-80007-008 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

*Bonnie J. Taulere*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-05 (941) 359-3633  
Date Daytime Phone #