

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000023427

1. Entity Name

QUALITY HOLDINGS OF FLORIDA, INC.



FILED
05 APR 29 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
32700 US HIGHWAY 19 N
PALM HARBOR, FL 34684

Mailing Address
32700 US HIGHWAY 19 N
PALM HARBOR, FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3511106

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name
U.C.C. Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
526 East Park Avenue

City
Tallahassee

FL 32301

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

Alison Hand, ASST SEC

1CCF85

4/29/05

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, 2005 Fee will be \$550.00**

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
VD
PLANES, WILLIAM II
32700 US HWY 19 N
PALM HARBOR, FL 34684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
PLANES, WILLIAM SR
854 CYPRESS LAKE VIEW CT.
TARPON SPRINGS, FL 34689 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PLANES, REGINA M
854 CYPRESS LAKEVIEW CT
TARPON SPRINGS, FL 34689 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
PLANES, WILLIAM II
4775 COLLINS AVE #1505
MIAMI BEACH, FL 33140 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSSV
WHITE, LANGFRED W
2094 ASHBURY DRIVE
CLEARWATER, FL 33764 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASTC
NOLL, DEBORAH
4168 AMBER LANE
PALM HARBOR, FL 34685 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100054205581
05/10/05--01040--013 **\$150.00

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

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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: BY: *Langfred W. White* Langfred W. White, Secretary

4/29/2005

727-781-9885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #