


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99Q00049290</b> 1. Entity Name <b>T Q MANUFACTURING CORPORATION</b>	
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Principal Place of Business <b>2156 - 10TH ST. SARASOTA, FL 34237</b>	Mailing Address <b>2156 - 10TH ST. SARASOTA, FL 34237</b>
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02172006 No Chg-P CR2E034 (11/05)

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4. FEI Number <b>65-0925606</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

**KAUFFMAN, K. SCOTT  
2156 - 10TH ST.  
SARASOTA, FL 34237**

**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 date if applicable (NOTE: Registered Agent signature required when renewing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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


10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P KAUFFMAN, K. SCOTT 1645 FOX CREEK DR SARASOTA, FL 34240</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S SHUE, RICHARD 2546 RIVER RIDGE DR SARASOTA, FL 34239</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V SHUE, LARRY 7030 RICHARDSON DR SARASOTA, FL 34240</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T SHUE, MIKE 7115 INDIAN BOW LN SARASOTA, FL 34240</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

 **Richard Shue**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/07/06 941-366-9651**  
Date Daytime Phone #