

2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/15/2005-90094-050-\$150.00-\$150.00

DOCUMENT # P99000053562 1. Entity Name Q & S ASSEMBLIES, INC.		 FILED 05 JUL -6 PM 2:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5105 PHILLIPS HWY #3 JACKSONVILLE, FL 32207		Mailing Address 5105 PHILLIPS HWY #3 JACKSONVILLE, FL 32207	
2. Principal Place of Business 7951 Powers Ave Suite, Apt. #, etc. #5		3. Mailing Address 7951 Powers Ave Suite, Apt. #, etc. #5	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32217		Zip 32217	
Country DUVAL		Country DUVAL	
4. FEI Number 59-3582262		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMERO, VINCENT 5105 PHILLIPS HWY #3 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name PALMERO, VINCENT Street Address (P.O. Box Number is Not Acceptable) 5971-5 Powers Ave #5 City JACKSONVILLE FL Zip Code 32217	
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 <u>Vincent Palmero</u> Vincent Palmero 6/11/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-installing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PALMERO, VINCENT 3156 LEON RD. JACKSONVILLE, FL 32248	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PALMERO VINCENT 7951-5 Powers Ave JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMERO, VICENT 3156 LEON RD. JACKSONVILLE, FL 32248	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALMERO, VINCENT 5971-5 Powers Ave JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
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 the empowered. 6/14/05			
SIGNATURE: <u>Vincent Palmero</u> Vincent PALMERO 904-537-3308		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	