

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90312 013 \*\*\*150.00

**DOCUMENT # S77192**

1. Entity Name

QUALITY CAULKING, INC.



Principal Place of Business

6835 SW 14TH ST.  
MIAMI FL 33144

Mailing Address

6835 SW 14TH ST.  
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0281104

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

ANDREWS, GERALD W.  
6835 SW 14TH ST.  
MIAMI FL 33144

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 DP ☐ Delete  
NAME ANDREWS, GERALD W  
STREET ADDRESS 6835 SW 14 ST  
CITY-ST-ZIP MIAMI FL 33144

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

TITLE V ☒ Delete  
NAME ANDREWS, TIMOTHY T  
STREET ADDRESS 6835 SW 14 ST  
CITY-ST-ZIP MIAMI FL 33144

TITLE V ☒ Change ☐ Addition  
NAME ANDREWS, GERALD W.  
STREET ADDRESS 6835 S.W. 14 ST.  
CITY-ST-ZIP MIAMI, FL. 33144

TITLE TS ☒ Delete  
NAME ANDREWS, CATHERINE T  
STREET ADDRESS 6835 SW 14TH ST.  
CITY-ST-ZIP MIAMI FL 33144

TITLE TS ☒ Change ☐ Addition  
NAME ANDREWS, GERALD W.  
STREET ADDRESS 6835 S.W. 14 ST.  
CITY-ST-ZIP MIAMI, FL. 33144

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

*Gerald W. Andrews*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05 3052610652

Date

Daytime Phone #