

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90001 008 ***150.00

DOCUMENT # S95517	
1. Entity Name ONE SEVEN QUEBEC, INC.	

Principal Place of Business 2351 N DIXIE HIGHWAY POMPANO BEACH FL 33060	Mailing Address 2351 N DIXIE HIGHWAY POMPANO BEACH FL 33060
---	---

2. Principal Place of Business 9030 W. Fort Island Trail Suite, Apt. #, etc. #2	3. Mailing Address 9030 W. Fort Island Trail Suite, Apt. #, etc. #2
--	--

City & State Crystal River FL	City & State Crystal River FL
Zip 34429	Zip 34429
Country USA	Country USA



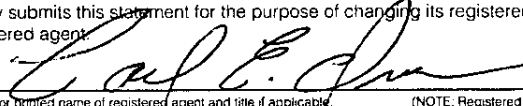
MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent HALE, H. GARRETT 2351 N DIXIE HIGHWAY POMPANO BEACH FL 33060	
--	--

4. FEI Number 65-0302968	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

7. Name and Address of New Registered Agent	
Name IRVEN, CARL E	
Street Address (P.O. Box Number is Not Acceptable) 9030 W. Fort Island Trail #2	
City Crystal River	FL Zip Code 34429

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 	DATE 1/26/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME LANGLEY, DAVID R.	
STREET ADDRESS 4817 NW 67TH AVE	
CITY-ST-ZIP LAUDERHILL FL	
TITLE V	<input checked="" type="checkbox"/> Delete
NAME JANDA, WILLIAM R.	
STREET ADDRESS 2341 SE 10TH COURT	
CITY-ST-ZIP POMPANO BEACH FL	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME HALE, H. GARRETT	
STREET ADDRESS 5100 NE 30TH TERRACE	
CITY-ST-ZIP LIGHTHOUSE POINT FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IRVEN, Nancy	
STREET ADDRESS 9030 W. Fort Island Trail #2	
CITY-ST-ZIP Crystal River, Fla 34429	
TITLE V, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IRVEN, Carl	
STREET ADDRESS 9030 W. Fort Island Trail #2	
CITY-ST-ZIP Crystal River, Fla 34429	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Nancy IRVEN	DATE 1/26/04	DAYTIME PHONE # 352-795-7400
---	--------------------	------------------------	--