

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # V15289 1. Entity Name QUALITY DYE WORKS, INC.					
Principal Place of Business 1060 FOXMOOR ST MOORE HAVEN FL 33471 US				Mailing Address P.O. BOX 1333 MOORE HAVEN FL 33471 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FLI Number 65-0315093				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, JULIA A. 1175 FOXMOOR ST. MOORE HAVEN FL 33471				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reexisting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	S CLARK, JULIA A. 1175 FOXMOOR STREET MOORE HAVEN FL 33471	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000469259 03/25/06-80021-016 150.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLARK, JOHN J. 1175 FOXMOOR STREET MOORE HAVEN FL 33471	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	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 exemptions contained in Section 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 another like empowered.					
SIGNATURE: <u>Julia A. Clark</u> <u>Julia A. Clark</u> <u>3-14-06</u> <u>8639463131</u>					