

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G64173

FILED  
Feb 04, 2010  
Secretary of State

**Entity Name:** QUALITY STARTER AND ALTERNATOR SERVICE, INC.

**Current Principal Place of Business:**

23380 JANICE AVE  
PORT CHARLOTTE, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

1840 SOUTH COMBEE ROAD  
LAKELAND, FL 33801

**New Mailing Address:**

**FEI Number:** 59-2336598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STANDIFER, R. THOMAS II  
1840 SOUTH COMBEE ROAD  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: STANDIFER, R. THOMAS II  
Address: 1840 SOUTH COMBEE ROAD  
City-St-Zip: LAKELAND, FL 33801

Title: D  
Name: STANDIFER, R. THOMAS II  
Address: 1840 SOUTH COMBEE ROAD  
City-St-Zip: LAKELAND, FL 33801

Title: V  
Name: LOBOSCHEFSKI, ALAN D  
Address: 23380 JANILE AVE  
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: VP  
Name: WOODBY, JR, HAROLD L  
Address: 23380 JANICZ AVE  
City-St-Zip: CHARLOTTE HARBOR, FL 33980

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: R THOMAS STANDIFER

PVST

02/04/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date