

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 519413

FILED
Mar 12, 2008
Secretary of State

Entity Name: QUALITY SERVICES, INCORPORATED

Current Principal Place of Business:

P O BOX 794
MARIANNA, FL 32447 US

New Principal Place of Business:

4214 LAFAYETTE ST
MARIANNA, FL 32446 US

Current Mailing Address:

P O BOX 794
MARIANNA, FL 32447 US

New Mailing Address:

FEI Number: 59-1726082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFORTE, ROBERT
2958 HERITAGE RD
MARIANNA, FL 32446 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: PD () Delete
Name: PFORTE, ROBERT
Address: 2958 HERITAGE RD
City-St-Zip: MARIANNA, FL

Title: ST () Delete
Name: PFORTE, KATHERINE
Address: 2958 HERITAGE RD
City-St-Zip: MARIANNA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT PFORTE

PD

03/12/2008

Electronic Signature of Signing Officer or Director

Date