2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 561605

1. Entity Name

QUALITY CONTRACTORS, INC.



FILED Mar 26, 2007 08:00 A Secretary of State

Principal Place of Business

PO BOX 2191

224 2ND ST SW WINTER HAVEN, FL 33883

115

Mailing Address

PO BOX 2191 224 2ND ST SW

WINTER HAVEN, FL 33883

.....



DO NOT WRITE IN THIS SPACE

03202007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1806289

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DAVIS, LESTER WILSON 312 RANKIN RD. WINTER HAVEN, FL 33880 DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of change	ing its registered office or registered agent, or both	h, in the State of Florida.	I am familiar with, a	and accept
the obligations of registered agent.				

SIGNATURE

ignature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signsture required when rematating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000677623 03/30/07-80110-021 150.00

OFFICERS AND DIRECTORS 10. TITLE NAME DAVIS, LESTER WILSON STREET ADDRESS 312 RANKIN RD. CITY-ST-ZP WINTER HAVEN, FL 33881 TITLE DAVIS, BRADLEY W STREET AODRESS 312 RANKIN ROAD CITY-ST-ZIP WINTER HAVEN, FL 33881 STD DAVIS, PHYLLIS F NAME 312 RANKIN ROAD STREET ADDRESS WINTER HAVEN, FL 33881 CITY-ST-ZIP TITLE GATLIN, KIP NAME STREET ADORESS 108 OWEN CIR SOUTH CITY-ST-ZIP AUBURNDALE, FL 33823 NAME STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS CITY-ST-ZP

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

MATURE AND TYPES OR PRINTED MANE OF BOUNDS DEFICES ON DESCRICTION

3/2//0°

(86) 244-540.