

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 589441

Entity Name: DQ OF ZUBER, FLA., INC.

FILED  
Feb 05, 2009  
Secretary of State

## Current Principal Place of Business:

4410 NW CTY RD 326  
OCALA, FL 34482 US

## New Principal Place of Business:

4430 NW CTY RD 326  
OCALA, FL 34482 US

## Current Mailing Address:

334 N.W. 3RD AVENUE  
OCALA, FL 34482 US

## New Mailing Address:

FEI Number: 59-1848939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYLES, CHARLES E  
1902 SE TWIN BRIDGE CIR  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

LYLES, CHARLES E  
2144 LAUREL RUN DRIVE  
OCALA, FL 34471 US

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: CHARLES E LYLES

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LYLES, CHARLES E.,  
Address: 1902 SE TWIN BRIDGE CIR  
City-St-Zip: OCALA, FL 34471

Title: TS ( ) Delete  
Name: LYLES, JEANNE  
Address: 1902 SE TWIN BRIDGE CIRCLE  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LYLES, CHARLES E  
Address: 2144 LAUREL RUN DRIVE  
City-St-Zip: OCALA, FL 34471

Title: TS (X) Change ( ) Addition  
Name: LYLES, JEANNE  
Address: 2144 LAUREL RUN DRIVE  
City-St-Zip: OCALA, FL 34471

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: CHARLES E LYLES

PD

02/05/2009

Electronic Signature of Signing Officer or Director

Date