

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 639456

FILED
Apr 08, 2009
Secretary of State

Entity Name: FLORIDA QUALITY PRODUCTS, INC.

Current Principal Place of Business:

2000 N KINGS HWY
P.O. BOX 670
FT. PIERCE, FL 34954

New Principal Place of Business:

2000 N KINGS HWY
FT. PIERCE, FL 34951

Current Mailing Address:

P.O. BOX 670
FT. PIERCE, FL 34954

New Mailing Address:

FEI Number: 59-1971246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINTON, JOHN L
4905 4TH ST
VERO BEACH, FL 32962 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: MINTON, JOHN L
Address: 4905 4TH STREET
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: MINTON, SHIRLEY A
Address: 2501 S INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950

Title: STD () Delete
Name: MINTON, MICHAEL D
Address: 2513 INDIAN RIVER DRIVE
City-St-Zip: FT PIERCE, FL

Title: VD () Delete
Name: MINTON, B.T.
Address: 8431 HIDDEN PINES ROAD
City-St-Zip: FORT PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MINTON, SHIRLEY A
Address: 2513 S INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950

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: JOHN L MINTON

Electronic Signature of Signing Officer or Director

PRES

04/08/2009

Date