## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000004995

4256 MONTEREY DR.

FLORENCE, SC 29501

Address: City-St-Zip:

Entity Name: QUALITY AIR TOOL REPAIR, INC.

FILED Jan 15, 2009 Secretary of State

| Current P                                     | rincipal Place   | of Business:                    | New Principal Place                          | New Principal Place of Business:             |  |
|---|--|---------------------------------|--|--|--|
|   | ORTHSTAR C<br>), FL 32771                              | OURT UNIT 314                   |  |  |  |
| Current Mailing Address:                      |  |                                 | New Mailing Address:                         |  |  |
| 1800 N CASHUA DRIVE<br>FLORENCE, SC 295011308 |  |                                 | 1910 A N. CASHUA DRIVE<br>FLORENCE, SC 29501 |  |  |
| FEI Number                                    | : 57-0814830   | FEI Number Applied For()        | FEI Number Not Applicable ( )                | Certificate of Status Desired (X)            |  |
| Name and Address of Current Registered Agent: |  |                                 | Name and Address o                           | Name and Address of New Registered Agent:    |  |
|   |  | OURT UNIT 314<br>US             |  |  |  |
|   | named entity s<br>e of Florida.                        | ubmits this statement for the p | ourpose of changing its registered           | d office or registered agent, or both,       |  |
| SIGNATU                                       | RE:  |                                 |  |  |  |
|   | Electron   | ic Signature of Registered Age  | ent  | Date   |  |
| Election Car                                  | mpaign Financing                                       | Trust Fund Contribution ( ).    |  |  |  |
| OFFICERS AND DIRECTORS:                       |  |                                 | ADDITIONS/CHANGI                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PC ()<br>GODFREY, JAC<br>25 REEDY COU<br>MANNING, SC   | RT                              | Title:<br>Name:<br>Address:<br>City-St-Zip:  | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VVC ()<br>GODFREY, JAC<br>4249 MONTERE<br>FLORENCE, SC | Y DR.                           | Title:<br>Name:<br>Address:<br>City-St-Zip:  | () Change () Addition                        |  |
| Title:<br>Name:                               | TSD ()<br>GODFREY, JAS                                 | Delete<br>ON G                  | Title:<br>Name:                              | ( ) Change ( ) Addition                      |  |

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.

Address:

City-St-Zip:

SIGNATURE: ROBIN K. GALLOWAY MGR 01/15/2009