

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000002550

1. Entity Name
QUALITY ENTERPRISES USA, INC.



Principal Place of Business

**3894 MANNIX DRIVE
STE 216
NAPLES, FL 34114-5406 US**

Mailing Address

**3894 MANNIX DRIVE
STE 216
NAPLES, FL 34114-5406 US**



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-0947002

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURRELL, HOWARD J
2827 SILVERLEAF LANE
NAPLES, FL 34105**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURRELL, HOWARD J JR.
STREET ADDRESS	3894 MANNIX DRIVE STE 216
CITY-ST-ZIP	NAPLES, FL 341145406
TITLE	VPD
NAME	MURRELL, JOHN
STREET ADDRESS	208 TINTERN COURT
CITY-ST-ZIP	CHESAPEAKE, VA 23320
TITLE	ST
NAME	MURRELL, STACEY
STREET ADDRESS	3894 MANNIX DRIVE STE 216
CITY-ST-ZIP	NAPLES, FL 341145406
TITLE	VP
NAME	MORIARTY, PAUL
STREET ADDRESS	3894 MANNIX DRIVE STE 216
CITY-ST-ZIP	NAPLES, FL 341145406
TITLE	VP
NAME	SHIPP, WILLIAM A JR
STREET ADDRESS	208 TINTERN COURT
CITY-ST-ZIP	CHESAPEAKE, VA 23320
TITLE	V
NAME	SLICKO, RICHARD
STREET ADDRESS	3894 MANNIX DRIVE STE 216
CITY-ST-ZIP	NAPLES, FL 341145406

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**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 reports 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:

Howard J. Murrell, Jr.

239-435-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #