

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G08835

FILED
Sep 08, 2009
Secretary of State

Entity Name: QUALITY COLLECTION SERVICE, INC.

Current Principal Place of Business:

1320 N. SEMORAN BLVD.
SUITE 105
ORLANDO, FL 328149281

Current Mailing Address:

P.O. BOX 149281
ORLANDO, FL 328149281

New Principal Place of Business:

1320 N. SEMORAN BLVD.
SUITE 105
ORLANDO, FL 32807

New Mailing Address:

1320 N. SEMORAN BLVD.
SUITE 105
ORLANDO, FL 32807

FEI Number: 94-3487437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, CAROLYN KING
1320 N SEMORAN BLVD.
SUITE 105
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

MOORE, PATRICIA D
612 MONTEGO BAY COURT NORTH
WINTER PARK, FL 32792 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: PATRICIA D MOORE

09/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BAKER, LEIGH V.
Address: 5230 ARDMORE DR.
City-St-Zip: WINTER PARK, FL 32792

Title: P () Delete
Name: BAKER, CAROLYN K
Address: 5230 ARDMORE DR
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FILL, JOHN D
Address: 612 MONTEGO BAY COURT NORTH
City-St-Zip: WINTER PARK, FL 32792

Title: VP (X) Change () Addition
Name: MOORE, PATARICIA D
Address: 612 MONTEGO BAY COURT NORTH
City-St-Zip: WINTER PARK, FL 32792

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 D FILL

P

09/08/2009

Electronic Signature of Signing Officer or Director

Date