

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G09432

Entity Name: Q.G.S. DEVELOPMENT, INC.

FILED  
Feb 17, 2009  
Secretary of State

## Current Principal Place of Business:

17502 HIGHWAY 672  
LITHIA, FL 33547

## New Principal Place of Business:

## Current Mailing Address:

P.O. DRAWER 108  
LITHIA, FL 33547

## New Mailing Address:

FEI Number: 59-2233851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

THOMAS, DONALD STD  
17502 HIGHWAY 672  
LITHIA, FL 33547 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: BARNES, P HOWARD,  
Address: 17502 HWY 672  
City-St-Zip: LITHIA, FL 33547

Title: STD ( ) Delete  
Name: THOMAS, DONALD  
Address: 3917 POWERLINE ROAD  
City-St-Zip: LITHIA, FL 33547

Title: VP ( ) Delete  
Name: THOMAS, J W,  
Address: 1202 PELOTE CEMETARY RD  
City-St-Zip: LITHIA, FL 33547

Title: AVP ( ) Delete  
Name: ARMSTRONG, JAMES L  
Address: 9901 BAY DRIVE  
City-St-Zip: GIBSONTOWN, FL 33534

Title: AVP ( ) Delete  
Name: BARNES, THOMAS H  
Address: 901 WOODVIEW DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: AVP ( ) Delete  
Name: FOWLER SR, GREGORY  
Address: 10013 OAK RUN DRIVE  
City-St-Zip: BRADENTON, FL 34211

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: AVP (X) Change ( ) Addition  
Name: BARNES, THOMAS H  
Address: 13036 WALDEN SHEFFIELD RD  
City-St-Zip: DOVER, FL 33527

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: KELLIE BARNES

HR

02/17/2009

Electronic Signature of Signing Officer or Director

Date