

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G32894

Entity Name: QUALITY GOLDFISH, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

% KEVIN P. HANNON
4795 122ND AVE. NO.
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

% KEVIN P. HANNON
4795 122ND AVE. NO.
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 59-2293781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANNON, KEVIN P.
4795 122ND AVE. NO.
CLEARWATER, FL 33762 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: V () Delete
Name: HANNON, MARY M
Address: 3672 70 ST. N.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: P () Delete
Name: HANNON, KEVIN P
Address: 11892 WALKER AVENUE
City-St-Zip: SEMINOLE, FL 33772

Title: S () Delete
Name: CLEMENT, KATHLEEN M
Address: 16201 NW 162ND TERRACE
City-St-Zip: WILLISTON, FL 32696

Title: T () Delete
Name: HANNON, JODEE C
Address: 11892 WALKER AVENUE
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: CLEMENT, KATHLEEN M
Address: 6475 SW 64TH AVENUE
City-St-Zip: OCALA, FL 34474

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: JODEE C HANNON

T

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date