

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G64173

FILED
Mar 17, 2009
Secretary of State

Entity Name: QUALITY STARTER AND ALTERNATOR SERVICE, INC.

Current Principal Place of Business:

23380 JANICE AVE
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

1840 SOUTH COMBEE ROAD
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-2336598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANDIFER, R. THOMAS II
1840 SOUTH COMBEE ROAD
LAKELAND, FL 33801 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: PVST () Delete
Name: STANDIFER, R. THOMAS II
Address: 1840 SOUTH COMBEE ROAD
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: STANDIFER, R. THOMAS II
Address: 1840 SOUTH COMBEE ROAD
City-St-Zip: LAKELAND, FL 33801

Title: V () Delete
Name: LOBOSCHEFSKI, ALAN D
Address: 23380 JANILE AVE
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: VP () Delete
Name: WOODBY, JR, HAROLD L
Address: 23380 JANICZ AVE
City-St-Zip: CHARLOTTE HARBOR, FL 33980

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:

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: R. THOMAS STANDIFER II

PVST

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date