

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K05840

**FILED**  
**Apr 15, 2008**  
**Secretary of State**

**Entity Name:** QUALITY POWER TOOL SERVICE, INC.

**Current Principal Place of Business:**

4995 71ST AVENUE N.  
PINELLAS PARK, FL 33781 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2571  
PINELLAS PARK, FL 337802571 US

**New Mailing Address:**

FEI Number: 59-2859940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, CLIFF  
4995 71ST AVENUE NORTH  
PINELLAS PARK, FL 33781 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: PSTD ( ) Delete  
Name: SMITH, CLIFF,  
Address: 5901-91ST AVE N.  
City-St-Zip: PINELLAS PARK, FL 33782

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CLIFF SMITH

PSTD

04/15/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date