

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # K38745

1. Entity Name

QUALITY BUILDERS OF HOLMES BEACH, INC.



Principal Place of Business

5500 MARINA DR., #2
HOLMES BEACH, FL 34217 US

Mailing Address

P.O. BOX 1232
HOLMES BEACH, FL 34218 US



02282007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0075836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

OBERHOFER, GREGORY
5500 MARINA DR., #2
HOLMES BEACH, FL 34217

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OBERHOFER, GREGORY
STREET ADDRESS 5500 MARINA DR., #2
CITY-ST- ZIP HOLMES BEACH, FL 34217

TITLE VPD
NAME OBERHOFER, SHEILA
STREET ADDRESS 5500 MARINA DR., #2
CITY-ST- ZIP HOLMES BEACH, FL 34217

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

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TITLE
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STREET ADDRESS
CITY-ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/07 941-778-7127