

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25948

FILED
Jan 16, 2009
Secretary of State

Entity Name: REX QUALITY CORPORATION

Current Principal Place of Business:

P. O. BOX 1107
LAKE WALES, FL 338591107 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1107
LAKE WALES, FL 338591107 US

New Mailing Address:

FEI Number: 59-3112547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FACKENDER, JENNY
1403 COVINGTON CT
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

FACKENDER, JENNY
1413 COVINGTON CT
LAKE WALES, FL 33853 US

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: JENNY FACKENDER

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FACKENDER, JENNY
Address: 1413 COVINGTON CT
City-St-Zip: LAKE WALES, FL 33853

Title: VP () Delete
Name: YORK, SCOTT
Address: 1426 CHAMBERLAIN LOOP
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: FACHENDER, JENNY
Address: 1413 LONINGTON CT
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: CLARK, MARK
Address: 805 CAMBRIDGE WAY
City-St-Zip: LAKE WALES, FL 33853

Title: T () Delete
Name: WALLACE, JENNIFER
Address: 1403 CHAMBERLAIN LOOP
City-St-Zip: LAKE WALES, FL 33853

Title: S () Delete
Name: DRAGONETTI, SUSAN
Address: 706 CAMBRIDGE WAY
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: FACKENDER, JENNY
Address: 1413 COVINGTON CT
City-St-Zip: LAKE WALES, FL 33853

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

Title: T (X) Change () Addition
Name: MCKENZIE, NORMAN
Address: 802 CHAMBERLAIN LOOP
City-St-Zip: LAKE WALES, FL 33853

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNY FACKENDER

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date