

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000059908

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** QUALITY DRIVER CONNECTION, INC.

**Current Principal Place of Business:**

7295 S. MAXWELL PT.  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

POBOX 3779  
HOMOSASSA, FL 34447

**New Mailing Address:**

**FEI Number:** 59-3655418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AUSTIN, RUTHANN  
7295 S. MAXWELL POINT  
HOMOSASSA, FL 34446 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

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: AUSTIN, TROY R  
Address: PO BOX 3779  
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

Title: VPTS  
Name: AUSTIN, RUTHANN  
Address: PO BOX 3779  
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

I hereby 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 all other like empowered.

SIGNATURE: RUTHANN AUSTIN

VP

04/26/2011

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

\_\_\_\_\_  
Date