

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000007232

1. Entity Name  
QUALITY TRANSCRIBERS, INC.



**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
844 EAGLE POINT DR  
SAINT AUGUSTINE, FL 32092

Mailing Address  
844 EAGLE POINT DR  
SAINT AUGUSTINE, FL 32092



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
01-0588793

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

GUNN, DONNA L  
844 EAGLE POINT DR  
SAINT AUGUSTINE, FL 32092

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GUNN, DONNA L 844 EAGLE POINT DR SAINT AUGUSTINE, FL 32092
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U00000954155  
07/11/08-80001-018 150.00

DO NOT WRITE  
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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:

*Donna L Gunn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08  
Date

904-819-9446  
Daytime Phone #