

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023234

**FILED**  
**Jul 10, 2009**  
**Secretary of State**

**Entity Name:** EARL'S QUALITY TRANSMISSION, INC.

**Current Principal Place of Business:**

601 N. DIXIE FREEWAY  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

601 N. DIXIE FREEWAY  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

**FEI Number:** 01-3743693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHURCHMAN, RICHARD K CPA  
CERTIFIED PUBLIC ACCOUNTANT  
1255 MASON AVENUE  
DAYTONA BEACH, FL 32117 US

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

EARL, JAMES J  
601 N. DIXIE FREEWAY  
NEW SMYRNA BEACH, FL 32168 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: JAMES J EARL

07/10/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EARL, JAMES J  
Address: 601 N. DIXIE FREEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: STD ( ) Delete  
Name: EARL, NICOLE L  
Address: 601 N. DIXIE FREEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

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

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: JAMES J EARL

PD

07/10/2009

Electronic Signature of Signing Officer or Director

Date