

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136846

Entity Name: QUALITY CERAMIC INSTALLATION, INC.

FILED
Feb 18, 2008
Secretary of State

Current Principal Place of Business:

12037 NONAWOOD RD
FOUNTAIN, FL 32438

New Principal Place of Business:

Current Mailing Address:

PO BOX 295
FOUNTAIN, FL 32438

New Mailing Address:

FEI Number: 20-0441864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIPPS, SUZANNE S
12037 NONAWOOD RD
FOUNTAIN, FL 32438 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: TIPPS, WILLIAM C JR
Address: 12037 NONAWOOD RD
City-St-Zip: FOUNTAIN, FL 32438 US

Title: V () Delete
Name: KIRCHOFF, KEITH L
Address: 1800 ILLINOIS AVE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: S () Delete
Name: TIPPS, SUZANNE S
Address: 12037 NONA WOOD RD
City-St-Zip: FOUNTAIN, FL 32438

Title: V (X) Delete
Name: ROLLINS, TIMOTHY L
Address: 7105 SPARROW ROAD
City-St-Zip: SOUTHPORT, FL 32409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SUZANNE S. TIPPS

S

02/18/2008

Electronic Signature of Signing Officer or Director

Date