

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000138481

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** FIRST QUALITY MAINTENANCE AND REPAIR, INC.

**Current Principal Place of Business:**

HIGHWAY 149 A  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1106  
MONTICELLO, FL 32345

**New Mailing Address:**

**FEI Number:** 20-0565917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALM, ROBERT  
HIGHWAY 149 A  
MONTICELLO, FL 32344 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:** DP  
**Name:** SALM, ROBERT B  
**Address:** HIGHWAY 149 A  
**City-St-Zip:** MONTICELLO, FL 32344

**Title:** VS  
**Name:** SALM, HELEN CAROL  
**Address:** HIGHWAY 149 A  
**City-St-Zip:** MONTICELLO, FL 32344

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:** ROBERT SALM

DP

04/28/2010

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

\_\_\_\_\_  
Date