

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90012 034 \*\*\*158.75

DOCUMENT # P03000141697

1. Entity Name

AMERICAN QUALITY CONSTRUCTION, INC.



Principal Place of Business  
1750 HAYWORTH CIRCLE  
PALM BAY FL 32907

Mailing Address  
1750 HAYWORTH CIRCLE  
PALM BAY FL 32907



2. Principal Place of Business - No P.O. Box #

1750 HAYWORTH CUR  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State  
PALM BAY FL

Zip 32907 Country US

City & State  
SAME

Zip Country

4. FEI Number 20-0448194

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LAMARINE, DONALD JR.  
1750 HAYWORTH CIRCLE  
PALM BAY FL 32907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Donald J. Lamarine*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-07

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME LAMARINE, DONALD JR. ☐ Delete  
STREET ADDRESS 1750 HAYWORTH CIRCLE  
CITY - ST - ZIP PALM BAY FL 32907

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Donald J. Lamarine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-07

321-768-234