


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90014 015 \*\*\*150.00

**DOCUMENT # P04000008090**  
 1. Entity Name  
**QUALITY SUBCONTRACTING OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**357 SW DWIGHT AVENUE  
 PORT ST. LUCIE, FL 34983**

Mailing Address  
**357 SW DWIGHT AVENUE  
 PORT ST. LUCIE, FL 34983**

**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**38-3695733**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**WATKINS, DEREK  
 357 SW DWIGHT AVENUE  
 PORT ST. LUCIE, FL 34983**

**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 reselecting) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | D  |
| NAME           | WATKINS, DEREK   |
| STREET ADDRESS | 357 SW DWIGHT AVENUE                                   |
| CITY-ST-ZIP    | PORT ST. LUCIE, FL 34983                               |
| TITLE          | P  |
| NAME           | WATKINS, DEREK <i>Derek ← Please correct typo ERA.</i> |
| STREET ADDRESS | 357 SW DWIGHT AVENUE                                   |
| CITY-ST-ZIP    | PORT ST. LUCIE, FL 34983                               |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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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: *X Derek J. Watkins* **9-27-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #