

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028042

FILED
Mar 24, 2009
Secretary of State

Entity Name: QUALITY FORMS AND MORE, INC.

Current Principal Place of Business:

36328 PATSY LN
CALLAHAN, FL 32011 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 872
CALLAHAN, FL 32011 US

New Mailing Address:

FEI Number: 35-2225621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNS, TONY
10420 LEM TURNER RD
JACKSONVILLE, FL 32218 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: P () Delete
Name: JOHNS, TONY L
Address: PO BOX 872
City-St-Zip: CALLAHAN, FL 32011 US

Title: VP () Delete
Name: JOHNS, KARI D
Address: PO BOX 872
City-St-Zip: CALLAHAN, FL 32011 US

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: TONY JOHNS

P

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date