


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90260 040 ***150.00

DOCUMENT # P04000078731 1. Entity Name FLORIDA'S QUALITY CONSTRUCTION, INC.			
Principal Place of Business 3233 UPLAND ST NORTH PORT, FL 34286 US <i>219 Warrington</i>		Mailing Address 3233 UPLAND ST NORTH PORT, FL 34286 US	
2. Principal Place of Business - No P.O. Box # <i>Port Charlotte FL</i>		3. Mailing Address <i>219 Warrington</i> <i>Port Charlotte FL</i>	
Suite, Apt. #, etc. <i>339 53</i>		Suite, Apt. #, etc. <i>US</i>	
City & State <i>339 53 US</i>		City & State <i>339 53 US</i>	
Zip <i>339 53</i>		Country <i>US</i>	
4. FEI Number 20-1126069		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTYENKO, ANDREY 3233 UPLAND ST NORTH PORT, FL 34286		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Allowed) 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, and accepts the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P,T MARTYENKO, ANDREY 3233 UPLAND ST NORTH PORT, FL 34286	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V MARTYENKO, OLGA 3233 UPLAND STREET NORTH PORT, FL 34286	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 as changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>Andrey Martynenko</i> 4/17/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

(941) 441-6107