

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161289

FILED  
May 17, 2009  
Secretary of State

Entity Name: ALSTON QUALITY CONSULTING INCORPORATED

**Current Principal Place of Business:**

15709 PONY PLACE  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

15709 PONY PLACE  
TAMPA, FL 33624

**New Mailing Address:**

FEI Number: 20-3988328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALSTON, KEITH  
15709 PONY PLACE  
TAMPA, FL 33624 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALSTON, KEITH  
Address: 15709 PONY PLACE  
City-St-Zip: TAMPA, FL 33624

Title: DIR ( ) Delete  
Name: ALSTON, KEITH  
Address: 15709 PONY PLACE  
City-St-Zip: TAMPA, FL 33624

Title: S ( ) Delete  
Name: ALSTON, KEITH  
Address: 15709 PONY PLACE  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KEITH ALSTON

P

05/17/2009

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

\_\_\_\_\_  
Date