

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90014 027 ***158.75

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1. Entity Name
**QUALITATIVE RESEARCH SERVICE CONSULTANTS,
INC.**



Principal Place of Business
**7749 NORMANDY BLVD
145-317
JACKSONVILLE, FL 32221 US**

Mailing Address
**7749 NORMANDY BLVD
145-317
JACKSONVILLE, FL 32221 US**

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

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

02192007 Chg-P CR2E034 (12/06)

4. FEI Number
204974148

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name **Margaret J. Winslow**

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

826 Maple Springs Lane

City **Jacksonville** **FL** Zip Code **32221**

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 *Margaret J. Winslow* **MARGARET J. WINSLOW** **3/02/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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** ☐ Delete
NAME **KEYS, CAROL**
STREET ADDRESS **7749 NORMANDY BLVD 145-317**
CITY - ST - ZIP **JACKSONVILLE, FL 32221**

TITLE **D** ☐ Delete
NAME **WINSLOW, MARGARET J**
STREET ADDRESS **7749 NORMANDY BLVD 145-317**
CITY - ST - ZIP **JACKSONVILLE, FL 32221**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **V/S/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **T/D** ☐ Change ☒ Addition
NAME **Arlene F. Greenfield**
STREET ADDRESS **7749 Normandy Blvd 145-317**
CITY - ST - ZIP **Jacksonville, FL 32221**

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

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

TITLE ☐ Change ☐ Addition
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 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: *Carol S. Keys* **Carol S. Keys** **3/02/07** **828-527-3732**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #