

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000072025

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

7749 NORMANDY BLVD  
145-317  
JACKSONVILLE, FL 32221 US

**New Principal Place of Business:**

**Current Mailing Address:**

7749 NORMANDY BLVD  
145-317  
JACKSONVILLE, FL 32221 US

**New Mailing Address:**

**FEI Number:** 20-4974148      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WINSLOW, MARGARET J  
826 MAPLE SPRINGS LANE  
JACKSONVILLE, FL 32221 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: PD  
Name: KEYS, CAROL  
Address: 7749 NORMANDY BLVD 145-317  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: VSD  
Name: WINSLOW, MARGARET J  
Address: 7749 NORMANDY BLVD 145-317  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: TD  
Name: GREENFIELD, ARLENE F  
Address: 3749 NORMANDY BLVD 145-317  
City-St-Zip: JACKSONVILLE, FL 32221

I hereby 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 all other like empowered.

SIGNATURE: ARLENE F. GREENFIELD

TD

02/17/2010

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

\_\_\_\_\_  
Date