

2007 FOR PROFIT CORPORATION ANNUAL REPORT

06-22-2007 90001 011 ***150.00

FILED
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL -2 AM 8:24

DOCUMENT # P06000073029 1. Entity Name QUALITY RV INC.			
Principal Place of Business 631 WASHBURN RD UNIT 1 MELBOURNE, FL 32934		Mailing Address 631 WASHBURN RD UNIT 1 MELBOURNE, FL 32934	
2. Principal Place of Business - No P.O. Box # 2280 Aracado Ave #1 Suite, Apt. #, etc. Melbourne Fla. City & State 32935 USA Zip Country		3. Mailing Address 2280 Aracado Ave #1 Suite, Apt. #, etc. Melbourne FL. City & State 32935 USA Zip Country	
4. FEI Number 51-0582634		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 CARPENTER, ROGER M II 4530 BELLA LUNA DR WEST MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Roger M II Carpenter</i></u> owner/President <u>6-15-07</u> <small>Signature typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 CARPENTER, ROGER M II 4530 BELLA LUNA DR WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Roger M II Carpenter</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>6-15-07</u> Daytime Phone # <u>321-253-3555</u>	