


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90006 047 ***150.00

DOCUMENT # P06000086888	
1. Entity Name QUALITY 1 WHOLESALE SIGNS INC.	

Principal Place of Business 6656 ORCHID LAKE ROAD NEW PORT RICHEY, FL 34653	Mailing Address 6656 ORCHID LAKE ROAD NEW PORT RICHEY, FL 34653
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2. Principal Place of Business - No P.O. Box # 7817 RUTILLIO CT	3. Mailing Address 7817 RUTILLIO CT
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State NEW PORT RICHEY FL	City & State NEW PORT RICHEY FL
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Zip 34653	Country	Zip 34653	Country
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07032007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5140434	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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NOLF, KEITH A 16916 BACHMANN AVE LOT #2 HUDSON, FL 34667	
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Name NOLF, KEITH A.	
Street Address (P.O. Box Number is Not Acceptable) 7434 KILDARE RD	
City NEW PORT RICHEY FL	Zip Code 34653

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 Keith Nolf	DATE 7/5/07
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. X
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOLF, KEITH A 16916 BACHMANN AVE LOT#2 HUDSON, FL 34667	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7434 KILDARE RD NEW PORT RICHEY, FL 34653
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
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
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
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
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Keith Nolf	DATE: 7/5/07	DAYTIME PHONE: 727-849-1301
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