

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P93000043512	
1. Entity Name QUALITY REALTY & INVESTMENTS, INC.	

Principal Place of Business 290 HIGHWAY 17 NORTH BARTOW FL 33830	Mailing Address 290 HIGHWAY 17 NORTH BARTOW FL 33830
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-3190341	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AGNER, DANIEL P 290 HIGHWAY 17 NORTH BARTOW FL 33830	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____	DATE _____

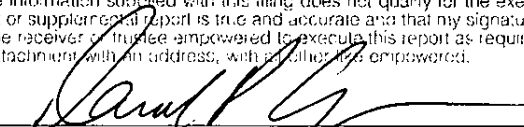
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	AGNER, DANIEL P
STREET ADDRESS	395 PEACE RIVER ROAD
CITY-ST-ZIP	BARTOW FL
TITLE	VP ☐ Delete
NAME	AGNER, DANIEL P.
STREET ADDRESS	2965 PEACH RIVER ROAD
CITY-ST-ZIP	BARTOW FL
TITLE	S ☐ Delete
NAME	AGNER, DANIEL P.
STREET ADDRESS	2965 PEACE RIVER ROAD
CITY-ST-ZIP	BARTOW FL
TITLE	T ☐ Delete
NAME	AGNER, DANIEL P
STREET ADDRESS	2965 PEACE RIVER ROAD
CITY-ST-ZIP	BARTOW FL
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	☐ Change ☐ Addition
NAME	000000835219
STREET ADDRESS	04/18/08-80005-006 150.00
CITY-ST-ZIP	
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 Section 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 or without being empowered.

SIGNATURE:  **4-208 803 533-0888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR