

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90090 030 ***150.00

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|--|---|---|---|--|--|
| DOCUMENT # P93000087360. 1. Entity Name QUALITY PLUMBING, INC. | | | | | |
| Principal Place of Business 920 SE 13TH PLACE CAPE CORAL, FL 33990 US | | | Mailing Address 920 SE 13TH PLACE CAPE CORAL, FL 33990 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Zip | | Country | |
| 4. FEI Number 65-0457474 | | | | 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 HICKEY, EDWARD J 541 SE 32 N. ST. CAPE CORAL, FL 33904 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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 EDWARD J. HICKEY <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering))</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 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 HICKEY, EDWARD J 541 SE 32 N. ST. CAPE CORAL, FL 33904 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT SEAN HICKEY 920 S.E. 13th PLACE CAPE CORAL, FLORIDA 33990 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER SARA DELLAPORTA 920 S.E. 13th PLACE CAPE CORAL, FLORIDA 33990 | | | | |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE-PRESIDENT CHRISTOPHER MOFFITT 920 S.E. 13th PLACE CAPE CORAL, FLORIDA 33990 | | | | |
| <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: SEAN HICKEY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 239-772-8606 <small>Daytime Phone #</small> | | |