2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P94000056340

Entity Name: SAN JOSE QUALITY PRINTING, INC.

Current Principal Place of Business:

10423 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

1137 MARLEE RD
ST. JOHNS, FL 32259 US

Current Mailing Address:

PO BOX 600107
JACKSONVILLE, FL 32260

New Mailing Address:

FEI Number: 59-3263144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLLARD, SHARON L
10423 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

POLLARD, SHARON L
1137 MARLEE RD
ST. JOHNS, FL 32259 US

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: 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: POLLARD, SHARON L
Address: 10423 OLD ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: POLLARD, SHARON L
Address: 1137 MARLEE RD.
City-St-Zip: ST. JOHNS, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON L. POLLARD PRES 04/16/2009
Electronic Signature of Signing Officer or Director Date