

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000095993

1. Entity Name
QUALITY WALLS ENTERPRISES, INC.



FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90039 049 ***150.00

Principal Place of Business
2160 PRINCETON STREET
SARASOTA, FL 34237 US

Mailing Address
2160 PRINCETON STREET
SARASOTA, FL 34237 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01042008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0628489

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLANDERS, ROBERT W
2160 PRINCETON STREET
SARASOTA, FL 34237

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FLANDERS, ROBERT W
STREET ADDRESS 2160 PRINCETON STREET
CITY-ST-ZIP SARASOTA, FL 34237 ☐ Delete

TITLE VP
NAME RUCK, ROBERT W
STREET ADDRESS 3619 CHAMBERLAIN BLVD
CITY-ST-ZIP NORTH PORT, FL 34286 ☐ Delete

TITLE S
NAME BROWN, PATRICIA M
STREET ADDRESS 2014 67TH ST. CT. E
CITY-ST-ZIP BRADENTON, FL 34208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President, Director, Treas. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08

Date

941-365-4181

Daytime Phone #