

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90022 004 ***150.00

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1. Entity Name

QUALITY BUILDING & REPAIRS, INC.



Principal Place of Business

128 SE 11TH AVENUE
BOYNTON BEACH FL 33435

Mailing Address

PO BOX 1370
BOYNTON BEACH FL 33425

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

468 West ocean Ave.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)



City & State

Boynton Beach, FL

City & State

4. FEI Number 65-0633655

Applied For

Not Applicable

Zip

33435

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESPANET, CHRISTOPHER L
468 WEST OCEAN AVE
BOYNTON BEACH FL 33435

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

Christopher L. Espanet - Christopher L. Espanet

1-25-07

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

(NOTE: Registered Agent signature required when registering.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ESPANET, CHRISTOPHER L
STREET ADDRESS 644 RIVIERA DRIVE
CITY ST ZIP BOYNTON BEACH FL 33435

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Espanet, Christopher L
STREET ADDRESS 468 West Ocean Ave.
CITY ST ZIP Boynton Beach, FL 33435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

Christopher L. Espanet - Christopher L. Espanet 1-25-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #