

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90027 007 ***158.75

DOCUMENT # P96000011116 1. Entity Name DIVERSIFIED QUALITY, INC.					
Principal Place of Business 13250 NE 47 AVE SPARR, FL 32192			Mailing Address P.O. BOX 369 SPARR, FL 32192		
2. Principal Place of Business - No P.O. Box # 13250 NE 47 AVE.			3. Mailing Address Suite, Apt. #, etc.		
City & State ANTHONY, FL			City & State Suite, Apt. #, etc.		
Zip 32617		Country USA		4. FEI Number 59-3353673	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FOLEY, ROGER E 13250 NE 47 AVE. P.O. BOX 369 SPARR, FL 32192-0369				7. Name and Address of New Registered Agent FOLEY, ROGER E. 13250 NE 47 AVE. P.O. BOX 369 SPARR, FL 32192	
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 <u><i>Roger E. Foley</i></u> DATE <u>1-28-08</u> Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FOLEY, ROGER 13250 NE 47 AVE PO BOX 369 SPARR, FL 32192	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST FOLEY, VIRGINIA 13250 NE 47 AVE SPARR, FL 32192	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST FOLEY, VIRGINIA 13250 NE 47 AVE PO BOX 369 SPARR, FL 32192	☒ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST FOLEY, VIRGINIA 13250 NE 47 AVE PO BOX 369 SPARR, FL 32192	☐ 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: <u><i>Virginia Foley</i></u> VIRGINIA FOLEY, VPST DATE <u>1-28-08</u> DAYTIME PHONE # <u>352-732-6955</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					