

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90080 019 ***150.00

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1. Entity Name
QUALITY CURB, INC.



Principal Place of Business
**14650 LIBERTY STREET
ORLANDO, FL 32824**

Mailing Address
**1517 W HILLCREST ST
ORLANDO, FL 32803**

40024550



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3403380

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMALLEY & COMPANY PA
1517 E HILLCREST STREET
ORLANDO, FL 32803**

Name **Smalley & Company P. L.**

Street Address (P.O. Box Number is Not Acceptable)

1517 E. Hillcrest St.

City **Orlando**

FL

Zip Code **32803**

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, 2007 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 PD
NAME MEADE, LARRY
STREET ADDRESS 14413 FRESNO DR
CITY-ST-ZIP ORLANDO, FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME DALEY, RICHARD T
STREET ADDRESS 10108 PORTDALE AVE.
CITY-ST-ZIP ORLANDO, FL 32826

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME NORMAN, PATRICK
STREET ADDRESS 2011 EXSHIRE STREET
CITY-ST-ZIP ORLANDO, FL 32826

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

2/26/07 3213886730
Date Daytime Phone #