

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000002428

Entity Name: QUALITY ENDEAVORS INC.

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

372 NORTH 9TH STREET  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

372 NORTH 9TH STREET  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

FEI Number: 59-3416521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SMITH, JAMES KEVIN  
372 NORTH 9TH STREET  
DEFUNIAK SPRINGS, FL 32433 US

**Name and Address of New Registered Agent:**

SMITH, JAMES KEVIN  
776 C J LAIRD RD  
PONCE DE LEON, FL 32455 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: JAMES K SMITH

04/29/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SMITH, JAMES KEVIN  
Address: 776 CJ LAIRD RD  
City-St-Zip: PONCE DE LEON, FL 32455

Title: S  
Name: SMITH, LISA C  
Address: 776 CJ LAIRD RD  
City-St-Zip: PONCE DE LEON, FL 32455

I hereby 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 all other like empowered.

SIGNATURE: LISA C SMITH

SEC

04/29/2010

Electronic Signature of Signing Officer or Director

Date