

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90038 026 ***150.00

DOCUMENT # P97000085921

1. Entity Name

QUALITY MEDICAL NEEDLES, INC.



Principal Place of Business
3076 EAGLES LDG CIR E
CLEARWATER FL 33761

Mailing Address
3076 EAGLES LDG CIR E
CLEARWATER FL 33761



2. Principal Place of Business - No P.O. Box #
3076 EAGLES LDG CIR E

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State
CLEARWATER, FL

City & State

4. FEI Number
59-3479263

Applied For
Not Applicable

Zip
33761

Country
PINELLAS

Zip

Country

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

HARMS, JOE
3076 EAGLES LANDING CIRCLE EAST
CLEARWATER FL 33761

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 the filer, if applicable.

NOTE: Registered Agent signature required when reappointing.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HARMS, JOE
3076 EAGLES LANDING CIRCLE EAST
CLEARWATER FL 33761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08 727A70507