

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000071108

1. Entity Name
PREFERRED QUALITY SERVICES, INC.



Principal Place of Business
2707 DUPONT AVE
JACKSONVILLE, FL 32217

Mailing Address
2707 DUPONT AVE
JACKSONVILLE, FL 32217



01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3545463

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POSTON, JOHNNIE O
2707 DUPONT AVE
JACKSONVILLE, FL 32217

**DO NOT WRITE
IN THIS SPACE**

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 *Johnnie O. Poston* **JOHNNIE O. POSTON PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1/9/2006
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

000000382072
01/11/06-80081-012 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME POSTON, JOHNNIE O
STREET ADDRESS 2707 DUPONT AVE
CITY - ST - ZIP JACKSONVILLE, FL 32217

TITLE VP
NAME POSTON, NETTIE S
STREET ADDRESS 2707 DUPONT AVE
CITY - ST - ZIP JACKSONVILLE, FL 32217

TITLE S
NAME POSTON, LEAH
STREET ADDRESS 2300 SW 43RD ST #B-1
CITY - ST - ZIP GAINESVILLE, FL 32607

TITLE D
NAME NOLAN, LESLIE D
STREET ADDRESS 2707 DUPONT AVE
CITY - ST - ZIP JACKSONVILLE, FL 32217

TITLE D
NAME NOLAN, ANTHONY P
STREET ADDRESS 2707 DUPONT AVE
CITY - ST - ZIP JACKSONVILLE, FL 32217

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: *Johnnie O. Poston* **JOHNNIE O. POSTON PRESIDENT** **1/9/2006 (904) 731-3698**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #