

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 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



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3545463

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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:

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, 2008 Fee will be \$550.00

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

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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02/08/08-80047-018 150.00

**DO NOT WRITE
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** **01/30/2008** **(904) 731-3698**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone