

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

27

FILED
Mar 19, 2008 8:00 am
Secretary of State

02-26-2008 90010 029 ***150.00

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1. Entity Name
QUALITATIVE RESEARCH CORP.



Principal Place of Business
**5205 26TH ST. WEST, STE. B
BRADENTON, FL 34207**

Mailing Address
**5205 26TH ST. WEST, STE. B
BRADENTON, FL 34207**

66004349



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0916566

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

**CANAN, MICHAEL J ESQ.
201 E. PINE ST., STE. 1200
ORLANDO, FL 32801**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
CARLTON, JOE L
5205 26TH ST. WEST, STE. B
BRADENTON, FL 34207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
TURNER, PAUL
5205 26TH ST. WEST, STE. B
BRADENTON, FL 34207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: **JOE L CARLTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

863-773-4800
Daytime Phone #