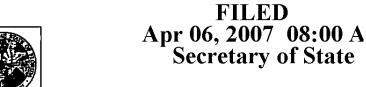
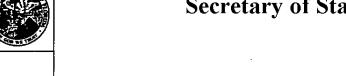
**2007 FOR PROFIT CORPORATION ANNUAL REPORT** 

## **DOCUMENT # P99000045315** 1. Entity Name HARBOLD QUALITY SERVICES, INC.





	•						
		Aailing Address		]			
1919 PINE F # 20		1919 PINE RIDGE RD # 20					
NAPLES, FL		NAPLES, FL 34109 US			ITIYE (TYI BEIN ESIN ES	n svin ciral biiri	I (NED) KIDĖN BYNKOD) NY (BD)
<u> </u>	<del></del>						
		,			Na Oba D	CD0E00	1 (44 (DE)
DO NOT WRITE IN THIS SPAC			CE	03232007 No Chg-P CR2E034 (11/05)			·
			OL.	4. FEI Number 59-3576466			Applied For Not Applicable
					of Status Desired	□ \$8	8.75 Additional e Required
	6. Name and Address of Current Regi		.l				
	D, EDWARD E E RIDGE ROAD FL 34108	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.							
tne obligat	lions oi registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable (NOTE: Registere	d Agent signature required	d when reinstating)	<del>_</del>	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				5.00 May Be dded to Fees			
10.	OFFICERS AND DIRE	CTORS	<u>.                                    </u>	L			
TITLE	D HARROLD FOWARD F						
name Street address	HARBOLD, EDWARD E 1919 PINE RIDGE ROAD # 20						į
CITY-ST-ZIP	NAPLES, FL 34109						
TITLE			1		Unic	10006929	127
NAME STREET ADDRESS					04/16/	'07-8001	(9-017 150.do
CITY-ST-ZIP					,		
TITLE			1				
NAME Street address							
CITY-ST-ZIP				DO	<b>NOT W</b>	RITE	
TITLE			i		HIS SE		1
NAME CIDELL ADODUCES				1171	1113 3F	ACE	
STREET ADDRESS CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS CITY-ST-ZIP							
TITLE			li .				
NAME	•						
STREET ADDRESS CITY-ST-ZIP				· · <u>-</u>	<u>.</u> .		
IIIulcateu	certify that the information supplied with this f on this report or supplemental report is true poration or the receiver or trustee empowere	and accurate and that my signer	iira chall hava tha c	tootto ignoi ampr	ao il mada undar a	ath, that I am a	na afficar as disables

4/2/67 (239)272-107

EDWARD E. HARBOLD