
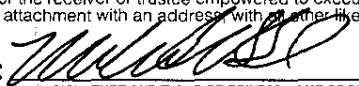


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90010 015 \*\*\*550.00

|  |                     |  |  |   |  |
|--|---------------------|--|--|---|--|
| <b>DOCUMENT # F02000004651</b><br>1. Entity Name<br><b>QUINCY JOIST COMPANY</b>  |                     |  |  |      |  |
| Principal Place of Business<br><b>22253 W. SOUTHERN<br/>BUCKEYE, AZ 85326</b>  |                     |  | Mailing Address<br><b>520 SOUTH VIRGINIA STREET<br/>QUINCY, FL 32351</b> |   |  |
| 2. Principal Place of Business   |                     | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |                     | Suite, Apt. #, etc.  |  |   |  |
| City & State   |                     | City & State   |  |   |  |
| Zip  | Country             | Zip  | Country  | 4. FEI Number<br><b>58-1921954</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                     |  |  | Applied For<br><input type="checkbox"/> Not Applicable                                |  |
| 6. Name and Address of Current Registered Agent  |                     |  |  | 7. Name and Address of New Registered Agent   |  |
| <b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND RD.<br/>PLANTATION, FL 33324</b>  |                     |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                     |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>  |                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |   |  |
| TITLE  | DVP                 |  | TITLE  |   |  |
| NAME   | SCHUFF, SCOTT A     |  | NAME   |   |  |
| STREET ADDRESS   | 1841 W BUCHANAN     |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | PHOENIX, AZ 85007   |  | CITY-ST-ZIP  |   |  |
| TITLE  | DP                  |  | TITLE  |   |  |
| NAME   | MAHDAVI, SAM        |  | NAME   |   |  |
| STREET ADDRESS   | 520 S VIRGINIA      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | QUINCY, FL 32351    |  | CITY-ST-ZIP  |   |  |
| TITLE  | D                   |  | TITLE  |   |  |
| NAME   | HILL, MICHAEL R     |  | NAME   |   |  |
| STREET ADDRESS   | 1841 W. BUCHANAN    |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | PHOENIX, AZ 85007   |  | CITY-ST-ZIP  |   |  |
| TITLE  | VP                  |  | TITLE  |   |  |
| NAME   | MAHDAVI, M.J.       |  | NAME   |   |  |
| STREET ADDRESS   | 520 S. VIRGINIA     |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | QUINCY, FL 32351    |  | CITY-ST-ZIP  |   |  |
| TITLE  | S                   |  | TITLE  |   |  |
| NAME   | PHAGANS, T. MICHAEL |  | NAME   |   |  |
| STREET ADDRESS   | 520 S. VIRGINIA     |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | QUINCY, FL 32351    |  | CITY-ST-ZIP  |   |  |
| TITLE  | T                   |  | TITLE  |   |  |
| NAME   | STAUBITZ, FRED      |  | NAME   |   |  |
| STREET ADDRESS   | 520 S. VIRGINIA     |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | QUINCY, FL 32351    |  | CITY-ST-ZIP  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered. |                     |  |  |   |  |
| <b>SIGNATURE:</b>  <b>Michael R. Hill, Director, 7/1/04, 602-417-8865</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |                     |  |  |   |  |



07012004 Chg-P CR2E034 (10/03)