2004 FOR PROFIT CORPORATION

ANNUAL REPORT 04-22-2004 90047 001 ***150.00 DOCUMENT # G09432 QUALITY GRASSING AND SERVICES, INC. Principal Place of Business Mailing Address 17502 HIGHWAY 672 17502 HIGHWAY 672 P.O. DRAWER 108 P.O. DRAWER 108 LITHIA, FL 33547 LITHIA, FL 33547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent Name BARNES, IRENE Street Address (P.C WEST HWY 672,1 1/2 MI. W OF HWY 39 SOUTH LITHIA, FL 33547 8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required wh 75.4 9. Election Campaign Financing \$5.00 FILE NOW!!!"FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added OFFICERS AND DIRECTORS .10. 11. Assi PΩ TITLE ☐ Delete TITLE BARNES, PHOWARD NAME NAME Robe 17502 HWY 672 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LITHIA, FL 00000 CITY-ST-ZIP STD ☐ Delete TITLE 1171 F NAME BARNES, IRENE J NAME STREET ADDRESS 17502 HWY 672 STREET ADDRESS LITHIA, FL CITY-ST-ZIP CITY-ST-ZIP 00000 Delete TITLE TITLE THOMAS, J.W. 1202 PELOTE CEMETARY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LITHIA, FL 00000. CITY-ST-ZIP Delete PRICE, ROBERT C NAME NAME STREET ADDRESS 2320 TERRA CEIA BAY BLVD. #401 STREET ADDRESS PALMETTO, FL 34221 CITY-ST-ZIP CITY-ST-ZfP ☐ Delete TITLE ARMSTRONG, JAMES L NAME NAME STREET ADDRESS 1202 PELOTE CEMETARY ROAD STREET ADDRESS CITY-ST-ZIP LITHIA, FL 33547 CITY-ST-ZIP TITLE AVP Delete TITLE BARNES, THOMAS H NAME NAME

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 all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

901 WOODVIEW DRIVE

BRANDON, FL 33511

Barnes 04/08/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 22, 2004 8:00 am Secretary of State

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