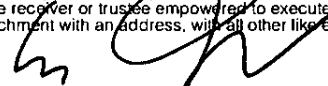


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90077 043 ***150.00

DOCUMENT # H90458 1. Entity Name QUALLSCO, INC.					
Principal Place of Business 768 BEAL PKWY NW STE AQ FORT WALTON BEACH, FL 32547			Mailing Address 768 BEAL PKWY NW STE AQ FORT WALTON BEACH, FL 32547		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03222004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-2609133	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent QUALLS, AL P. JR. 768 BEAL PKWY NW STE AQ FT. WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC QUALLS, AL P. JR. 768 BEAL PKWY NW STE AQ FT. WALTON BEACH, FL 32547	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUALLS, PEGGY 768 BEAL PKWY NW STE AQ FT. WALTON BEACH, FL 32547	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, JOHNNIE D 768 BEAL PONY NW STE AQ FORT WALTON BEACH, FL 32547	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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.					
SIGNATURE: 		Al P. Qualls, Jr.		850-315-0737	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	