


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

05-21-2004 90005 010 \*\*\*158.75

**DOCUMENT # K75542**  
1. Entity Name  
**QUALITY OUTBOARD SERVICES, INC.**



Principal Place of Business  
**4270 NW 113TH AVE  
SUNRISE, FL 33323**

Mailing Address  
**4270 NW 113TH AVE  
SUNRISE, FL 33323**

**54055191**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04302004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-0110655**

Applied For  
Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MCGUINNESS, JAMES P.  
4270 NW 113TH AVE  
SUNRISE, FL 33323**

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 reinstating) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCGUINNESS, JAMES P. 4270 NW 113TH AVE SUNRISE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCGUINNESS, VIRGINIA K. 4270 NW 113TH AVE SUNRISE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James P. McGuinness*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *5/19/04*  
Daytime Phone #: *(954) 748-1785*

*\* Originally submitted 4/21/04*



Attachment

54055791

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 30, 2004

QUALITY OUTBOARD SERVICES, INC.  
4270 NW 113TH AVE  
SUNRISE, FL 33323

SUBJECT: QUALITY OUTBOARD SERVICES, INC.  
Ref. Number: K75542

We have received your document for QUALITY OUTBOARD SERVICES, INC. and check(s) totaling \$158.75. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 604A00029317

5/19/04

Submitted AS INSTRUCTED

- COMPLETED FORM
- CHECK # 3472
- ORIGINALLY SUBMITTED FORM

James P. McQuinn



**Division of Corporations**

54055191

**Annual Report**

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Document Number

**K75542**

Business Entity Name

**QUALITY OUTBOARD SERVICES, INC.**

FEI Number

FEI Number Status  Applied For  Not Applicable  Current

Certificate of Status Desired  Yes  No — \$8.75 each

**Principal Place of Business**

Address

Suite, Apt. #, etc.

City, State

Zip Code & Country

**Mailing Address**

Address

Suite, Apt. #, etc.

City, State

Zip Code & Country

**Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

-or- RA Business Name

Address

Suite, Apt. #, etc.

City, State

Zip Code & Country

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

*attachment*



Division of Corporations

54055791

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Business Entity Name

QUALITY OUTBOARD SERVICES, INC.

Election Campaign Financing Trust Fund Contribution ● Yes ● No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

*Attachment*

City, State

Zip Code & Country

#K75542  
54055191

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

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**Sunbiz Home Page**

**Public Access Help**