


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90021 036 ***150.00

DOCUMENT # P96000079370

1. Entity Name
QUALITY ROOFING OF FLORIDA, INC.



Principal Place of Business Mailing Address

66601 N. 50TH ST. 6601 N 50TH ST
 TAMPA, FL 33610 US TAMPA, FL 33610 US

54033915



2. Principal Place of Business 3. Mailing Address

6601 N. 50th St. Suite, Apt. #, etc. Suite, Apt. #, etc.

02232004 Chg-P CR2E034 (10/03)

City & State City & State

Tampa, FL Hillsborough

Zip Country Zip Country

33610 Hillsborough

4. FEI Number Applied For

59-3404411 Not Applicable

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

6. Name and Address of Current Registered Agent

GARRISON, JOHN ROBERT
 530 LIMONA ROAD
 BRANDON, FL-33510

7. Name and Address of New Registered Agent

Name John Robert Garrison
 Street Address (P.O. Box Number is Not Acceptable) 812 Shadow Run Blvd
 City Riverview FL Zip Code 33569

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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARRISON, JOHN ROBERT 530 LIMONA ROAD BRANDON, FL 33510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD John Robert Garrison <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 812 shadow Run Blvd Riverview FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JENKINS, RICHARD C 3024 W CHAPIN AVE TAMPA, FL 33611 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  4/13/04 813-620-4797
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #