


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 852827		
1. Entity Name QUALIFIED CONTRACTORS, INC.		

Principal Place of Business 6737 AMSTERDAM WAY WILMINGTON, NC 28405 US	Mailing Address P. O. BOX 2216 SCHENECTADY, NY 12301-2216 US
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2. Principal Place of Business 2024 CAPITAL DRIVE	3. Mailing Address Suite, Apt. #, etc.
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City & State WILMINGTON, NC	City & State
Zip 28405	Country USA

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 000042757150 11/15/04--01073--005 FL 5125	
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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 <i>Connie Bryson Special Asst. Secy</i>	DATE 11/3/04

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVELL, STAN 6737 AMSTERDAM WAY WILMINGTON, NC 38405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVELL, STAN G. 2024 CAPITAL DRIVE WILMINGTON, NC 28405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COWAN, PHILIP W 6737 AMSTERDAM WAY WILMINGTON, NC 28405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COWAN, PHILLIP W. 2024 CAPITAL DRIVE WILMINGTON, NC 28405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS GOLLIHER, RICHARD D 140 NORTH MAIN STREET SUMMERVILLE, SC 29484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS WILLIAMS, ROBERT A. 1302 NORTH 19th ST TAMPA, FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KAISER, GERARD C 6737 AMSTERDAM WAY WILMINGTON, NC 28405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KAISER, GERARD C. 2024 CAPITAL DRIVE WILMINGTON, NC 28405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT BUCHANAN, MARK E 12 CORPORATE WOODS BLD., 3RD FLOOR ALBANY, NY 12211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT PATIN, JOSEPH P. 4200 WILDWOOD PKWY MD07-03A-01 ATLANTA, GA 30339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, JACK L 140 N MAIN ST, P.O. BOX 2640 SUMMERVILLE, FL 29484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TULLMAN, ROBERT M. 1302 NORTH 19TH ST TAMPA, FL 33605 <input checked="" 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.	
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SIGNATURE: <i>Stan G. Harvell</i>	STAN G. HARVELL	11-02-04	910-350-0541, X220
SIGNATURE (NOT USED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date	Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11022004 Chg-P CR2E034 (10/03) *MRB*