


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 398263-**  
 1. Entity Name  
 QUALITY-BUILT HOMES, INC



Principal Place of Business . . . . . Mailing Address  
 2145 DOVERFIELD DDRIVE . . . . . 2145 DOVERFIELD DDRIVE  
 PENSACOLA, FL 32534 . . . . . PENSACOLA, FL 32534

**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1389073** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 MCCULLOUGH, MICHAEL C  
 2145 DOVERFIELD DRIVE  
 PENSACOLA, FL 32534

**DO NOT WRITE IN THIS SPACE**

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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCULLOUGH, MICHAEL C.
STREET ADDRESS	2145 DOVERFIELD DRIVE
CITY - ST - ZIP	PENSACOLA, FL 32534
TITLE	VST
NAME	MCCULLOUGH, CAROL J.
STREET ADDRESS	2145 DOVERFIELD DRIVE
CITY - ST - ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000185987  
 01/21/05-80038-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 attached return address, will be filed like any other.

SIGNATURE: *Michael C. McCullough* 1/18/05 8504781136  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #