

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000003713

1. Entity Name
JCP QUALITY SERVICES, INC.



Principal Place of Business

**TAX DEPT. A2/1205
6501 LEGACY DRIVE
PLANO, TX 75024-3698**

Mailing Address

**TAX DEPT. A2/1205
6501 LEGACY DRIVE
PLANO, TX 75024-3698**



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2886296

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____
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 PD
NAME MCGRATH, P M
STREET ADDRESS 6501 LEGACY DRIVE
CITY - ST - ZIP PLANO, TX 750243698

TITLE VT
NAME NAPOIL, F.N.
STREET ADDRESS 6501 LEGACY DRIVE
CITY - ST - ZIP PLANO, TX 750243698

TITLE VD
NAME BENNETT, T F
STREET ADDRESS 6501 LEGACY DRIVE
CITY - ST - ZIP PLANO, TX 750243698

TITLE VD
NAME HYDE, RICHARD
STREET ADDRESS 6501 LEGACY DRIVE
CITY - ST - ZIP PLANO, TX 750243698

TITLE S
NAME VAWRINEK, J.J.
STREET ADDRESS 6501 LEGACY DRIVE
CITY - ST - ZIP PLANO, TX 750243698

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000047493
05/03/04-80107-025 150.00

**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)(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 entities.

SIGNATURE: Jeffrey J. Vawrinek **JEFFREY J. VAWRINEK** 4/22/04 972-431-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #