


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb.23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H68228</b>	
<b>1. Entity Name</b> QUALITY SEPTIC SYSTEMS, INC.	

<b>Principal Place of Business</b> 101 WEST BAY STREET OCOE FL 34761 US	<b>Mailing Address</b> 101 WEST BAY STREET OCOE FL 34761 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 59-2572811	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CLAY, DARRELL W. 101 WEST BAY STREET OCOE FL 34761	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> DP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> CLAY, DARRELL W.		<b>NAME</b>	
<b>STREET ADDRESS</b> 101 WEST BAY STREET		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> OCOE FL		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> DV	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> CLAY, JEFFERY D		<b>NAME</b>	
<b>STREET ADDRESS</b> 101 WEST BAY ST.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> OCOE FL 34761		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> ST	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> TUCKER, JENNIFER		<b>NAME</b>	
<b>STREET ADDRESS</b> 101 WEST BAY ST		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> OCOE FL 34761		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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 attachment with an address, with all other like empowered.**

**SIGNATURE:** *Darrell W. Clay* **DATE:** 2-19-04 **Daytime Phone:** 407 656 1926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR