


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J09214**  
 1. Entity Name  
**QUALITY LINEN SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
 5128 ASHMEADE RD.      5128 ASHMEADE RD.  
 ORLANDO, FL 32810      ORLANDO, FL 32810

**DO NOT WRITE IN THIS SPACE**



01072004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2819624**      Not Applicable

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

6. Name and Address of Current Registered Agent  
 LOVETT, W. THOMAS  
 801 N MAGNOLIA  
 ORLANDO, FL 32803

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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           | P                   |
| NAME            | SKIDMORE, GERALD E. |
| STREET ADDRESS  | 5128 ASHMEADE ROAD  |
| CITY - ST - ZIP | ORLANDO, FL 32810   |
| TITLE           | VPS                 |
| NAME            | SKIDMORE, JAMES E.  |
| STREET ADDRESS  | 2338 CARROLWOOD WAY |
| CITY - ST - ZIP | APOPKA, FL 32712    |
| TITLE           | ST                  |
| NAME            | SKIDMORE, GERALD E  |
| STREET ADDRESS  | 5128 ASHMEADE ROAD  |
| CITY - ST - ZIP | ORLANDO, FL 32810   |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |

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**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 empowered.

SIGNATURE: Gerald E Skidmore      Gerald E Skidmore      1-20-04      402 283 7431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #