


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90046 011 \*\*\*150.00

|   |  |   |
|---|--|---|
| <b>DOCUMENT # J23439</b>  |  |    |
| 1. Entity Name<br>QUALITY FINANCIAL SERVICES INC.   |  |   |
| Principal Place of Business<br>3945 NOVA ROAD<br>PORT ORANGE, FL 32127 US   |  | Mailing Address<br>3945 NOVA ROAD<br>PORT ORANGE, FL 32127 US   |
| 2. Principal Place of Business<br>209 Dunlawton Ave<br>Suite, Apt. #, etc.<br>Suite 14<br>City & State<br>Port Orange, FL<br>Zip<br>32127<br>Country<br>USA |  | 3. Mailing Address<br>209 Dunlawton Ave<br>Suite, Apt. #, etc.<br>Suite 14<br>City & State<br>Port Orange, FL<br>Zip<br>32127<br>Country<br>USA |

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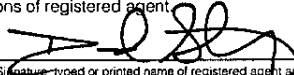


03162004 Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>59-2707371                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

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| 6. Name and Address of Current Registered Agent<br>STRONG, DAVID<br>216 COMMONWEALTH BLVD<br>PORT OARNGE, FL 32127 | 7. Name and Address of New Registered Agent<br>Name: DAVID Strong<br>Street Address (P.O. Box Number is Not Acceptable): 776 SUGARCANE LANE<br>City: Port Orange FL Zip Code: 32129 |
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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:  David Strong DATE: 3/16/04

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

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                          |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                  |   |
|---|---|--|---|
| TITLE: P <input type="checkbox"/> Delete            | NAME: STRONG, DAVID<br>STREET ADDRESS: 216 COMMONWEALTH BLVD<br>CITY-ST-ZIP: PORT ORANGE, FL 32127    | TITLE: PV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: DAVID Strong<br>STREET ADDRESS: 776 Sugarcane Lane<br>CITY-ST-ZIP: Port Orange FL 32129 |
| TITLE: T <input type="checkbox"/> Delete            | NAME: STRONG, CATHY<br>STREET ADDRESS: 216 COMMONWEALTH BLVD<br>CITY-ST-ZIP: PORT ORANGE, FL 32127    | TITLE: ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: Cathy Strong<br>STREET ADDRESS: 776 Sugarcane Lane<br>CITY-ST-ZIP: Port Orange FL 32129 |
| TITLE: S <input checked="" type="checkbox"/> Delete | NAME: STRONG, CATHY<br>STREET ADDRESS: 216 COMMONWEALTH BLVD<br>CITY-ST-ZIP: PORT ORANGE, FL 32127    | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition               |   |
| TITLE: V <input checked="" type="checkbox"/> Delete | NAME: STRONG, DAVID B<br>STREET ADDRESS: 216 COMMONWEALTH BLVD.<br>CITY-ST-ZIP: PORT ORANGE, FL 32127 | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition               |   |
| TITLE: <input type="checkbox"/> Delete              |   | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition               |   |
| TITLE: <input type="checkbox"/> Delete              |   | TITLE: <input 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.

SIGNATURE:  DATE: 3/16/04 DAYTIME PHONE #: 386-761-7855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR