2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCU	MENT # 120012			A THE SAN	Feb 02, 2004 08:00 AM		
DOCUMENT # J29812 1. Entity Name			;	AT 2	Secretary of State		
QUALI FORM CO., INC.							
Principal Place of Business		Mailing Address					
8026 LEO KIDD AVE.		8026 LEO KIDD AVE.					
PORT RICHEY FL 34668		PORT RICHEY FL 34668			# 1965/00 AND THE	B3 31 1001	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc		Suite, Apt #, etc			MOORE CR2E034 (11/03)		
City & State		City & State			EQ 3600E63	lied For Applicable	
Zip	Zip Country Ziq				5. Certificate of Status Desired \$8.75 Additional Research Status Desired \$8.75 Additional Research Status Desired \$1.75 Additional Research Status	onal	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
WOOD, DAVID 8026 LEO KIDD AVE PORT RICHEY FL 34668				Name Street Address (P.O. Box Number is Not Acceptable)			
						· ,	
				City	FL Zip Code	<u> </u>	
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 agont and title if applicable (NOTE, Registered Agent signature required whos relocation) DATE							
FILE NOWILL FEE IS \$50.00							
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 Trust Fund Contribution. Added to	May Be o Fees	
10. OFFICERS AND DIRECTORS 1			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11	
TITLE	P	☐ Delete	ពរប	E	☐ Change	Addition	
NAME			NAM CTD	ie Eet address	U00000026534 02/03/04-80004-019 150.00		
STREET ADDRESS City-ST-ZIP	PORT RICHEY FL 34668			(-ST-ZIP			
TIBLE	V	Delete	IRTL	- 1	☐ Change	Addition Addition	
NAME STREET ADDRESS	WOOD, DOROTHY R. 12820 OAKELLER DR.		NAM STRI	EET ADDRESS			
CITY-ST-ZIP	HUDSON FL 34667			/-SI-ZIP			
THELE	TS	☐ Delete	TITE	٤	☐ Change	Addition	
NAME	WOOD, HERBERT		nar	3			
STREET ADORESS	12820 OAKELLER DR.			FFT ADDRESS			
CITY-ST-ZIP	HUDSON FL 34667			Y-ST-ZIP		T tatables	
TITLE NAME		☐ Delete	TITE Nam	i	☐ Change	Addition Addition	
STREET ADDRESS			- 1	EET ADDRESS			
CITY-ST-ZIP			CIT	Y-ST-ZIP			
TITLE	_	☐ Delete	1178,	· {	☐ Change	Addition	
NAME			NAN 272	{			
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP			
TEELE		☐ Delete	TETL	£	☐ Change	Addition	
NAME			NAM	£	· ·		
STREET ADDRESS				EET ADORESS Y-ST-ZIP			
CITY-ST-ZIP	agelific that the information amongs of	Why thin filling does not a refer to			Pratice 119 07/24) Florida Statistan 16 other annili, that the lat	Tormation	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statisties. 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 attackment with an address, with all other like empowered.							

FILED