

FROM : COMPLETE BOOKKEEPING SERVICE

PHONE NO. : 407 240 0796

Jul. 01 2004 12:50PM F1

FILED**Jul 07, 2004 08:00 AM**
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L94575	
1. Entity Name A-QUALITY AWNING, INC.	



Principal Place of Business 2115 W CENTRAL BLVD ORLANDO, FL 32805	Mailing Address 2115 W CENTRAL BLVD ORLANDO, FL 32805
---	---



01172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3029788	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent MISHAW, ROSEMARY 4119 MONARCH DR ORLANDO, FL 32812
--

**DO NOT WRITE
IN THIS SPACE**

7. 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 for filing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**8. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****U000000163468
07/07/04-80004-010 550.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISHER, RAYMOND 532 BAXTER ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FISHER, MARRIAH 532 BAXTER ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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: Marriah Fisher Marriah Fisher 7/1/04 407-841-0196

SIGNATURE AND TYPED OR PRINTED NAME OF SHARING OFFICER OR DIRECTOR

Date

Day/Time Phone #