

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90090 042 ***150.00

DOCUMENT # M90727

1. Entity Name

QUALITY ROOFING SERVICES, INC.



Principal Place of Business

4167 MARIANNA RD.
JACKSONVILLE FL 32217
US

Mailing Address

P.O. BOX 23022
JACKSONVILLE FL 32241
US



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2903665**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEINEMANN, GEORGE BRADLEY
4836 SUSANNA WOODS COURT
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name George Bradley Steinemann
Street Address (P.O. Box Number is Not Acceptable)
4167 Marianna Road
Jacksonville
City Jacksonville **FL** Zip Code 32217

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

Brad Steinemann

Signature, typed or printed name of registered agent and title if applicable.

Brad Steinemann

(NOTE: Registered Agent signature required when reinstating)

1-21-04

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PDST** ☐ Delete
NAME **STEINEMANN, GEORGE BRADLEY**
STREET ADDRESS **190 VERA CRUZ DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **VP** ☐ Delete
NAME **DRUMMOND, WARREN**
STREET ADDRESS **2821 MASQUITE AVE**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: Brad Steinemann Brad Steinemann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04

Date

904-739-4747

Daytime Phone #