

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90002 006 ***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	
2. Principal Place of Business 3936 Mirvelo Circle North Suite, Apt. #, etc.		3. Mailing Address 3936 Mirvelo Circle North Suite, Apt. #, etc.	
City & State Jacksonville, FLA Zip 32217		City & State Jacksonville, FLA Zip 32217	
Country Oruval		Country Oruval	
4. FEI Number 59-2903665		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEINEMANN, GEORGE BRADLEY 4167 MARIANNA RD JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name Steinemann, George Bradley Street Address (P.O. Box Number is Not Acceptable) 3936 Mirvelo Circle North City Jacksonville	
State 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: <u>Brad Steinemann President</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PDST	NAME STEINEMANN, GEORGE BRADLEY	<input checked="" type="checkbox"/> Delete	TITLE PDST
STREET ADDRESS 190 VERA CRUZ DRIVE	CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Steinemann, George Bradley
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 3936 Mirvelo Circle North
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Jacksonville, Florida 32217
TITLE VP	NAME DRUMMOND, WARREN	<input checked="" type="checkbox"/> Delete	TITLE VP
STREET ADDRESS 2821 MASQUITE AVE	CITY-ST-ZIP ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DRUMMOND, WARREN
CITY-ST-ZIP ORANGE PARK, FL 32065	CITY-ST-ZIP ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 2821 MASQUITE AVE
CITY-ST-ZIP ORANGE PARK, FL 32065	CITY-ST-ZIP ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP ORANGE PARK, FL 32065
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CITY-ST-ZIP ORANGE PARK, FL 32065	CITY-ST-ZIP ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 2821 MASQUITE AVE
CITY-ST-ZIP ORANGE PARK, FL 32065	CITY-ST-ZIP ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP ORANGE PARK, FL 32065
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: <u>Brad Steinemanns President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8-9-2005 904-654-6320 <small>Date Daytime Phone #</small>	

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