

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90200 023 ***150.00

DOCUMENT # M90727

1. Entity Name

QUALITY ROOFING SERVICES, INC.



Principal Place of Business

3936 MIRUELO CIRCLE NORTH
JACKSONVILLE FL 32217
US

Mailing Address

3936 MIRUELO CIRCLE NORTH
JACKSONVILLE FL 32217
US

2. Principal Place of Business

4343 Olde Pine Lane

Suite, Apt. #, etc.

3. Mailing Address

4343 Olde Pine Lane

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

Jacksonville Florida

City & State

Jacksonville Florida

4. FEI Number

59-2903665

Applied For

Not Applicable

Zip

32217

Country

USA

Zip

32217

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEINEMANN, GEORGE BRADLEY
3936 MIRUELO CIRCLE NORTH
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Steinmann

Brad Steinmann

4-11-06

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 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	<input type="checkbox"/> Delete
NAME	STEINEMANN, GEORGE BRADLEY	
STREET ADDRESS	3936 MIRUELO CIRCLE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32217	← old address
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	POST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steinmann, George Bradley	
STREET ADDRESS	4343 Olde Pine Lane	new Address
CITY-ST-ZIP	Jacksonville, FLA 32217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Steinmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06

Date

904-424-4625

Daytime Phone #