2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000007427

1. Entity Name
QUALITY AUTOMOTIVE SERVICE CENTERS, INC.

Principal Place of Business	Mailing Address
4103 W ALVA TAMPA, FL 33614	4103 W ALVA TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

04082004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3625359	Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, JOHN
4615 N LOIS AVENUE
TAMPA, FL 33614

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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 agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	DVST
NAME	ROBERTS, JOHN
STREET ADDRESS	4615 N LOIS AVENUE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	DP
NAME	LARSEN, ROBERT
STREET ADDRESS	4103 W ALVA
CITY-ST-ZIP	TAMPA, FL 33614
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	

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04/12/04--80043-024 150.00

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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: _Robert Larsen_   4/8/04   (813) 876-4612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #