

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90140 011 ***150.00

DOCUMENT # P00000007843

1. Entity Name
J & J QUALITY DOOR SALES, INC.



Principal Place of Business
4731 CENTRAL AVENUE
ST. PETERSBURG, FL 33713 US

Mailing Address
4731 CENTRAL AVENUE
ST. PETERSBURG, FL 33713 US

2. Principal Place of Business
5780 80th St. N

3. Mailing Address
5780 80th St. N.

Suite, Apt. #, etc.
D103

Suite, Apt. #, etc.
D103

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33709 Country

Zip
33709 Country



04192005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3624355

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TROUP, DAVID L
4731 CENTRAL AVENUE
ST. PETERSBURG, FL 33713

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PRESUTTI, JAMES C ☐ Delete
4540 100TH AVENUE NORTH
PINELLAS PARK, FL 33782

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
5780 80th St. N D103
St. Petersburg, FL 33709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #