


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

02-25-2004 90049 005 ***150.00

DOCUMENT # P90000014380 1. Entity Name QUALITY TRIM, INC.																																																																																																															
Principal Place of Business 27900 QUINN STREET BONITA SPRINGS FL 34135		Mailing Address 27900 QUINN STREET BONITA SPRINGS FL 34135																																																																																																													
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 13401 Stoney Point Road Suite, Apt. #, etc.																																																																																																													
City & State Zip		City & State New Concord Ohio Zip 43762																																																																																																													
Country		Country																																																																																																													
4. FEI Number 59-3629051		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 FLESHER, TIMOTHY 27900 QUINN STREET BONITA SPRINGS FL 34135		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 _____ DATE _____ <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 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PVST</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FLESHER, TIMOTHY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>27900 QUINN STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BONITA SPRINGS FL 34135</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FLESHER, TIMOTHY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>27900 QUINN STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BONITA SPRINGS FL 34135</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PVST	<input type="checkbox"/> Delete	NAME	FLESHER, TIMOTHY		STREET ADDRESS	27900 QUINN STREET		CITY- ST- ZIP	BONITA SPRINGS FL 34135		TITLE	D	<input type="checkbox"/> Delete	NAME	FLESHER, TIMOTHY		STREET ADDRESS	27900 QUINN STREET		CITY- ST- ZIP	BONITA SPRINGS FL 34135		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		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			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	PVST	<input type="checkbox"/> Delete																																																																																																													
NAME	FLESHER, TIMOTHY																																																																																																														
STREET ADDRESS	27900 QUINN STREET																																																																																																														
CITY- ST- ZIP	BONITA SPRINGS FL 34135																																																																																																														
TITLE	D	<input type="checkbox"/> Delete																																																																																																													
NAME	FLESHER, TIMOTHY																																																																																																														
STREET ADDRESS	27900 QUINN STREET																																																																																																														
CITY- ST- ZIP	BONITA SPRINGS FL 34135																																																																																																														
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"/> 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																																																																																																															
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 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>Timothy A. Fletcher</u> Timothy A. Fletcher 3/5/04 740-826-2801 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																															

66406313



MOORE CR2E034 (11/03)