

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90021 009 ***550.00

DOCUMENT # P0000049679
 1. Entity Name
 P/C QUALITY METAL CONSTRUCTION, INC.



Principal Place of Business Mailing Address
 RT. 4 BOX ~~3532~~ 3515 LAKE BUTLER FL 32054
 RT. 4 BOX ~~3532~~ 3515 LAKE BUTLER FL 32054

54063994



MOORE CR2E034 (11/03)

2. Principal Place of Business RT. 4 Box 3515
 Suite, Apt. #, etc. Lake Butler, FL
 City & State 32054 USA
 Zip Country

3. Mailing Address RT. 4 Box 3515
 Suite, Apt. #, etc. Lake Butler, FL
 City & State 32054 USA
 Zip Country

4. FEI Number 59-3653253 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PARRISH, ROBERT BRETT
~~RT. 4 BOX 5654~~ RT. 4 Box 3515
 LAKE BUTLER FL 32054

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable) RT. 4 Box 3515
 Lake Butler
 City FL Zip Code 32054

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]*
 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
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	PD	<input type="checkbox"/> Delete
NAME	PARRISH, ROBERT B	
STREET ADDRESS	RT 4 BOX 3532 3515	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parrish, Robert B.	
STREET ADDRESS	RT 4 Box 3515	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
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: *[Signature]* 6-24-04 386 496 0681
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #