

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90031 044 ***150.00

DOCUMENT # P00000060100

1. Entity Name
QB PRO SERVICES, INC.



Principal Place of Business
14600 GLEN COVE DR
APT 304
FORT MYERS, FL 33919

Mailing Address
14600 GLEN COVE DR
APT 304
FORT MYERS, FL 33919

54005506



01252004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1019123
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOUPE, SANDRA A
14600 GLEN COVE DR APT 304
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name
SANDRA ANN HOLMES
Street Address (P.O. Box Number is Not Acceptable)
14600 GLEN COVE DR. APT 304
City
FORT MYERS FL Zip Code
33919

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 *Sandra Holmes*

DATE *2/6/04*

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
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete
P
DOUPE, SANDRA
14600 GLEN COVE DR APT 304
FORT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete
S/T
DOUPE, BRADLEY
14600 GLEN COVE DR APT 304
FORT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
HOLMES, SANDRA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ 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!!

SIGNATURE: *Sandra Doupe*

DATE *2/6/04*

DAYTIME PHONE # *239-267-3633*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #