2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000060100 1. Entity Name QB PRO SERVICES, INC.							02-12-200	4 90031 04	14 ****15	0.00
14600 GLEN COVE DR APT 304		Mailing Address 14600 GLEN COVE DR APT 304 FORT MYERS, FL 33919			f 1 18 78881 111 1 1	IH COU SOFT COU OF	III 98::8 hu u ye is)550(
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc		Suite, Apt. #, etc.				01252004	Chg-P	CR2E034	4 (10/03)	
City & State		City & State				4. FEI Number 65-1019	123		_ 	plied For Applicable
Zip	Country	Zip	Zip Count			5. Certificate of		□ \$	8.75 Addi	itional
	6. Name and Address of Current	Registered Agent		r — —	<u>`</u>	7. Name and A	ddress of New I	Registered Ag	jent	
						> ^ ^	11.	\a. = <		
DOUPE, SANDRA A 14600 GLEN COVE DR APT 304 FORT MYERS, FL 33919							NN MC	LMES R. APT	304	
FURTMYE				-						
				City F	ORT MYERS FL 33919					19
8. The above	named entity submits this statement to	r the purpose of changing its	register	ed office or	registere			orida. I am fa	miliar with,	and accept
the obligat	ions of registered agent.	lolmes_			_			2/6	104	1 mor
- 7	Signature, typed or printed name of registered agent.	and title if applicable. (NOT)	E: Registere	d Agent signatu	ure required v	when reinstating)		DATE		
FILI	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont		noing		00 May Be			en and to	p=-
								**-		
10.	OFFICERS AND		11.		T	ADDITIONS/C	HANGES TO OF	, 	DIRECTORS Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOUPE, SANDRA 14600 GLEN COVE DR APT 304 FORT MYERS, FL 33919	☐ Deiste	1		HoL	m es, s <i>p</i>	A ACUI	,	C Charge	Augmon
TITLE	S/T DOUPE, BRADLEY	☐ Delete	TITU						Change	☐ Addition
STREET ADDRESS COTY-ST-ZIP	14600 GLEN COVE DR APT 304 FORT MYERS, FL 33919	ļ	STR	ET ADORESS -SI-ZIP						
TIFILE		☐ Delete	HIL	 E	**********				☐ Change	Addition
NAME	• •		^ NAM		-			~	→ . :	-
STREET ADDRESS CHY+ST-ZIP				et address - St-Zip						
TITLE		☐ Delete	TOTAL	 E					☐ Charige	Addition
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CMY-ST-ZIP	^^*************************************	Delaha		-SI-ZIP	 				Change	☐ Addition
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-STREET ADDRESS			ı	EET ADDRESS				***	en er gere	
CITY-ST-ZIP	>	********	CITY	- \$17 - ZIF	ļ	***************************************			.01 <u>52 N</u>	
TITLE		☐ Delete	TITL						☐ Change	C Addition
NAME STREET ADDRESS			MAM STR	ie Eet address						
COV-ST-NP				CEI AUUNCOO /- GT-7IP						

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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 earlt, 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 MANE OF SIGNING OFFICER OR DIRECTOR