

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90077 017 ***150.00

DOCUMENT # P01000034002

1. Entity Name

QUALITY GROUNDS MAINTENANCE, INC.



Principal Place of Business

2800 4 STREET N STE 190
ST PETERSBURG FL 33704-2102

Mailing Address

2800 4 STREET N STE 190
ST PETERSBURG FL 33704-2102

2. Principal Place of Business

7854 40th Terr N

3. Mailing Address

7854 40th Terr N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Pete FL

City & State

St Pete FL

Zip

33709

Country

Zip

33709

Country

4. FEI Number

59-3711141

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENTON, WILLIAM
2800 4 STREET N STE 190
ST PETERSBURG FL 33704-2102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7854 40th Terr N

City

St Petersburg

FL

Zip Code

33709

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, type or printed name of registered agent, and file 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 D ☐ Delete
NAME BENTON, WILLIAM J
STREET ADDRESS 2800 4 STREET N STE 190
CITY-ST-ZIP ST PETERSBURG FL 33704-2102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Benton William J ☒ Change ☐ Addition
NAME
STREET ADDRESS 7854 40th Terr N
CITY-ST-ZIP St Pete FL 33709

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

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-578-0016