## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 08:00 AN Secretary of State

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DOCUMENT # P01000092121  1. Entity Name SQ PROFAB, INC.			Secretary of State	
502 N HUDS	pat Place of Business Mailing Address  N HUDSON STREET 502 N HUDSON STREET NDO, FL 32835 ORLANDO, FL 32835			
E	O NOT WRITE  8. Name and Address of Current Re			04282004 No Chg-P CR2E034 (10/03)  4. FEt Number
QUESENBERRY, STEVEN R 502 N HUDSON STREET ORLANDO, FL 32835				DO NOT WRITE IN THIS SPACE
the obligat	fons of registered agent.  Signature, typed or printed name of registered agent and  E NOWILL FEE IS \$150.00		d Agont signature required	tered agent, or both, in the State of Florida. I am familiar with, and accepted when remetating)  DATE  5.00 May Be dided to Fees
ARTO! IS	ay 1, 2004 Fee will be \$550.00	13 Section 2 Continuous		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PTD QUESENBERRY, STEVEN R 502 N HUDSON STREET ORLANDO, FL 32835	RECTORS		2 U00000150733
TITLE NAME STREET ADDRESS CITY-ST-ZIP			x	05/04/04-80019-006 150.00
TITLE Name Street adoress City-ST-ZIP	,		· = ; - • · · · · · · · · · · · · · · · · · ·	DO NOT WRITE
HAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY -ST -ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby of indicated of the corchanged,	certify that the information supplied with the conthis report or supplemental report is to poration or the receiver or trostee ampower, or on an attachment with an address, with	s filing does not qualify for the exe le and accurate and that my signa fed to execute this report as requi all offier like empowered.	mption stated in Se ture shall have the red by Chapter 607	Section 119.07(3)(i), Florida Statutes. I further certify that the information to same legal effect as if made under oath; that I am an officer or director 207, Florida Statutes; and that my name appears in Block 10 or Block 11

Steven R. Quesenkerry

SIGNATURE: