


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 16, 2004 08:00 AM  
Secretary of State

DOCUMENT # P01000101952 1. Entity Name QUALITY CARE PAINT & BODY SHOP, INC.	
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Principal Place of Business 904 N. TAYLOR RD. SEFFNER, FL 33584	Mailing Address 904 N. TAYLOR RD. SEFFNER, FL 33584
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01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3754213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HAPNEY, STEVEN 904 N. TAYLOR RD. SEFFNER, FL 33584
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, YAPING 904 N. TAYLOR RD. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, ROBERT 904 N. TAYLOR RD. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAPNEY, STEVEN 904 N. TAYLOR RD. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAPNEY, DONNA F 904 N. TAYLOR RD. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/04-80044-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: <u>Donna F. Hapney</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	01-13-2004 <small>Date</small>	813-6434303 <small>Daytime Phone #</small>