

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-11-2004 90020 039 ***158.75

DOCUMENT # P02000021647

1. Entity Name

QUALITY COMMUNICATIONS FIRE & SECURITY, INC.



Principal Place of Business

PO BOX 840009
HOLLYWOOD FL 33084

Mailing Address

PO BOX 840009
HOLLYWOOD FL 33084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0618381

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRAGER, ROSS
1000 NORTH HIATUS ROAD
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name

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

City

Ft. Lauderdale FL 33312

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, typed or printed name of registered agent and title 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	<input type="checkbox"/> Delete
NAME	HOOD, JOHN	
STREET ADDRESS	1000 NORTH HIATUS ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	V	<input type="checkbox"/> Delete
NAME	PETERSON, JOHN	
STREET ADDRESS	3701 SW 47TH AVE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOOD, SCOTT	
STREET ADDRESS	3701 SW 47TH AVE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John w. Hood Jr.	
STREET ADDRESS	3700 SW 30 Avenue	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Peterson	
STREET ADDRESS	3700 SW 30 Ave	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Hood	
STREET ADDRESS	3700 SW 30 Ave	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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; that I am a 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 the attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-04 954-584-4111