2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000021673

1. Entity Name
QUALITY PAINTING SERVICES, INC.

Principal Place of Business	Mailing Address
8098 91ST TERRACE N ST. PETERSBURG, FL 33773	POST OFFICE BOX 10007 LARGO, FL 33773

DO NOT WRITE IN THIS SPACE

05032004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
75-3010797	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REED, JOHN W
8098 91ST TERRACE NORTH
ST. PETERSBURG, FL 33773

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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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees   In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

.10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REED, JOHN W
STREET ADDRESS	8098 91ST TERRACE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _John W Reed President_   5/1/04   727-895-9590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #