


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90015 002 ***150.00

DOCUMENT # P02000022077 1. Entity Name QUALITY EXECUTIVE HOMES, INC.					
Principal Place of Business 111 BULLARD PKWY., STE. 203-206 TEMPLE TERRACE, FL 33617-5518			Mailing Address 111 BULLARD PKWY., STE. 203-206 TEMPLE TERRACE, FL 33617-5518		
2. Principal Place of Business <i>ABOVE</i>		3. Mailing Address <i>ABOVE</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 30-0048934	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, EULAVIA S 111 BULLARD PKWY., STE. 202-203 TAMPA, FL 33617				7. Name and Address of New Registered Agent Name <i>Eulavia S. HARRIS</i> Street Address (P.O. Box Number is Not Acceptable) <i>111 BULLARD PKWY. (STE) 203-206</i> City <i>Temple Terrace FL</i> Zip Code <i>33617</i>	
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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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: <i>Eulavia Harris</i> (<i>Eulavia HARRIS</i>) <i>08/20/04</i> <i>766-3761</i> (813)					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					