

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90012 048 ***150.00

DOCUMENT # P02000047972

1. Entity Name

PRIME QUALITY ENTERPRISES, INC.



Principal Place of Business

1226 PELOTE CEMENTERY
LITHIA FL 33547

Mailing Address

1226 PELOTE CEMENTERY
LITHIA FL 33547

2. Principal Place of Business

~~1226 PELOTE CEMENTERY RD~~
Suite, Apt. #, etc.

3. Mailing Address

~~1226 PELOTE CEMENTERY RD.~~
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

LITHIA, FL

Zip

33547

Country

HILLSBOROUGH

City & State

LITHIA, FL

Zip

33547

Country

HILLS.

4. FEI Number

11-3646263

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PULIDO, ALICIA
1226 PELOTE CEMENTERY
LITHIA FL 33547

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Alicia Pulido

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/04

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	SD	<input type="checkbox"/> Delete
NAME	PULIDO, ELIO	
STREET ADDRESS	1226 PELOTE CEMENTERY	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PULIDO, ALICIA	
STREET ADDRESS	1226 PELOTE CEMENTERY	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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 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:

Alicia Pulido

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/04

Daytime Phone #

(813) 681-1522