

**2005 FOR PROFIT CORPORATION-  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000031602

1. Entity Name

QUALITY DISTRIBUTORS INTERNATIONAL, INC.



Principal Place of Business

4700 NORTH HABANA AVENUE  
SUITE 300  
TAMPA, FL 33614

Mailing Address

4700 NORTH HABANA AVENUE  
SUITE 300  
TAMPA, FL 33614



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1052924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARR, DAVID M  
600 MADISON STREET  
TAMPA, FL 33602

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

100000226497  
02/12/05-80019-005 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WOOD, GARY L  
STREET ADDRESS 4700 NORTH HABANA AVENUE SUITE 300  
CITY-ST-ZIP TAMPA, FL 33614

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L. WOOD

2/2/2005

Date

(813) 870-0392

Daytime Phone #