

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90307 013 ***150.00

DOCUMENT # P03000083546

1. Entity Name
QUALITY SHEET METAL OF SOUTH FLORIDA, INC.



Principal Place of Business
1423 S.E. 10TH ST
UNIT 5
CAPE CORAL, FL 33990

Mailing Address
1423 S.E. 10TH ST
UNIT 5
CAPE CORAL, FL 33990

94055938



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0121982

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOUTHWEST PROFESSIONAL SERVICES OF S FL IN
13571 MCGREGOR BLVD #22
FORT MYERS, FL 33919**

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

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**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **LEONARD, JASON**
STREET ADDRESS **1535 CUMBERLIN COURT**
CITY-STATE-ZIP **FORT MYERS, FL 33919**

TITLE **P** ☒ Change ☐ Addition
NAME **TROY FINECEY**
STREET ADDRESS **837 SE 3 TER**
CITY-STATE-ZIP **CAPE CORAL FL 33990**

TITLE **V** ☐ Delete
NAME **FINECEY, TROY**
STREET ADDRESS **837 SE 3 TER**
CITY-STATE-ZIP **CAPE CORAL, FL 33990**

TITLE **UP** ☐ Change ☒ Addition
NAME **RICHARD THIEMEYER JR**
STREET ADDRESS **3328 SW 8TH COURT**
CITY-STATE-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Troy Finecey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 26, 04 **239 573 8004**
Date Daytime Phone #