2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

DOCUMENT # P03000089595							03-21-2005 90083 010 ***150.00					
J. Entity Name J.K. QUALITY SERVICES, INC.												
The state of the second state of the second state of the second s							Σ , ; 4 ε Σ , 5 ε					
Principal Place of Business Mailing Address							+	-		an og svæm americen er heder		
3628 MIRAMONTES CIRCLE 3628 MIRAMONTES CIRCLE WELLINGTON, FL 33414							A STATE OF THE STA	nda managa de Maria de de	-			
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1												
2. Principal Place of Business				3: Mailing Address								
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.			01272005	Chg-P	CR2EC	34 (10/03)		
City & State			С	ity & State		4. FEI Numb	9196807			plied For at Applicable		
Zip	Country		Z	Zip C		5. Certificate of Status		of Status Desired		\$8.75 Add Fee Required	litional d	
	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
HOSSELE	, JOSEPH	I R										
3628 MIRA WELLING						Street Address (P.O. Box Number is Not Acceptable)						
)				•		City			FL	Zip Code	9	
• P. The above	nomed entit	eubmite this states	nent for the pu	rpose of changing its	rogictor	<u> </u>	ared east, or bo	oth in the State of E		<u> </u>		
	tions of regist		netifior the br	irpose of changing its	register	ea onice or regist	, ered agent, or bo	An, in the state of F		rammai wim,		
SIGNATURE Signature, typed or printed name of registered agent and little it applicable. Company (NOTE: Registered Agent signature required w												
1 1111	Signature, typed	or printed name of registers		ed when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees												
10.							ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
title Name	P HOSSELE, JOSEPH R			Delete TITE						☐ Change	☐ Addition i	
STREET ADDRESS CITY-ST-ZIP	RESS 3628 MIRAMONTES CIRCLE				STRE	ET ADDRESS -ST-ZIP					[
TITLE				☐ Delete		.				☐ Change	Addition	
NAME	,			NAN Std.							. أ	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
TITLE				☐ Delete	TITL		- 4			Change	☐ Addition	
NAME STREET ADDRESS	35 /				NAM Stre	ET ADDRESS					-	
CITY-ST-ZIP	<u>. </u>					-ST-ZIP						
TITLE				☐ Delete	TITL	I			~	☐ Change	Addition	
NAME STREET ADDRESS	ľ				nam Stre	ET ADDRESS					ļ	
CITY-ST-ZIP					━	-ST-ZIP						
TITLE NAME	[☐ Delete	TITLI NAM	i i				☐ Change	Addition	
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP	<u> </u>			·	-	- ST-ZIP			<u> </u>	——————————————————————————————————————		
TITLE NAME	☐ Delete TITI									☐ Change	Addition	
STREET ADDRESS	ADORESS					ET ADORESS					ļ	
CITY-ST-ZIP	Contibute that the	a information or mali-	ad with this Eli-	na dope not qualify fo		-ST-ZIP	Section 119 07/3\	(i) Florida Statutes	I further cer	rtify that the i	nformation	
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: JOSEPH JOSEPH JOSEPH JOSEPH JOSEPH JOSEPH JOSEPH Date Det Destine Phone &												