

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090861

FILED
Feb 22, 2004
Secretary of State

Entity Name: MAZE'S QUALITY CONSTRUCTION, INC.

Current Principal Place of Business:

1221 PILGRIM AVE
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

1221 PILGRIM AVE
DELTONA, FL 32725

New Mailing Address:

FEI Number: 56-2389291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COONEY, DONNA S
1221 PILGRIM AVE
DELTONA, FL 32725

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COONEY, DONNA S
Address: 1221 PILGRIM AVE
City-St-Zip: DELTONA, FL 32725

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES () Change (X) Addition
Name: MAZE, GARY L
Address: 13730 MELANIE AVENUE
City-St-Zip: HUDSON, F: 34667 US

Title: VP () Change (X) Addition
Name: FURRER, KENNETH C
Address: 7521 OAKSHIRE DRIVE
City-St-Zip: PORT RICHEY, FL 34668 US

Title: SEC () Change (X) Addition
Name: FORD, JASON W
Address: 7317 ALLYSON STREET
City-St-Zip: PORT RICHEY, FL 34668 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA S. COONEY

D

02/22/2004

Electronic Signature of Signing Officer or Director

_____ Date