


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90052 022 ***150.00

DOCUMENT # P03000110301 1. Entity Name QUALIFIED ELEVATOR INSPECTIONS, INC.			
Principal Place of Business 17832 50TH STREET NORTH LOXAHATCHEE FL 33470		Mailing Address 17832 50TH STREET NORTH LOXAHATCHEE FL 33470	
2. Principal Place of Business 5000 W. CANAL ST. N. Suite, Apt. #, etc.		3. Mailing Address 5000 W. CANAL ST. N. Suite, Apt. #, etc.	
City & State BELLE GLADE, FL Zip 33430		City & State BELLE GLADE, FL Zip 33430	
Country USA		Country USA	
4. FEI Number 55-0848074		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RYNEARSON, MYRNA J 17832 50TH STREET NORTH LOXAHATCHEE FL 33470		7. Name and Address of New Registered Agent Name MYRNA J. RYNEARSON Street Address (P.O. Box Number is Not Acceptable) 5000 W. CANAL ST. N. City BELLE GLADE	
State FL		Zip Code 33430	
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 <u><i>Myrna J. Ryneason</i></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.			
DATE <u>2-9-04</u>			
FILE NOW!!! FEES \$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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYNEARSON, MYRNA J 17832 50TH STREET NORTH LOXAHATCHEE FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5000 W. CANAL ST N BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RYNEARSON, MELVIN L 17832 50TH STREET NORTH LOXAHATCHEE FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5000 W. CANAL ST. N BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Myrna J. Ryneason, Pres.</i></u> <u><i>Myrna J. Ryneason</i></u> <u>2-9-04</u> <u>561-723-0047</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			