2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 08, 2004 8:00 am
Secretary of State
03-08-2004 90035 041 ***150.00

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1. Entity Name
H & R QUALITY BUILDERS, INC.

Principal Place of Business	Mailing Address
644 4TH AVENUE SOUTH ST. PETERSBURG, FL 33701	644 4TH AVENUE SOUTH ST. PETERSBURG, FL 33701

66410332

01302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 13796	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST Pete FL	
Zip	Country	Zip 33733	Country Pinellas

4. FEI Number 74-1898980 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTS, DUANE 644-4 AVE., SOUTH ST. PETERSBURG, FL 33701	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	TITLE	☐ Change ☐ Addition
NAME	HALSTEAD, DAN	NAME	
STREET ADDRESS	~~P.O. BOX 13796~~	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33733	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROBERTS, DUANE	NAME	
STREET ADDRESS	P.O. BOX 13796	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33733	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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: Duane [signature] — Mar. 1 - 04 — 727-822-3041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #