

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-22-2005 90021 008 ***150.00
P0400008090

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66006403



1st MOORE CRZE034 (10/04)

DOCUMENT # P0400008090					
1. Entity Name QUALITY SUBCONTRACTING OF SOUTH FLORIDA, INC.					
Principal Place of Business 357 SW DWIGHT AVENUE PORT ST. LUCIE FL 34983		Mailing Address 357 SW DWIGHT AVENUE PORT ST. LUCIE FL 34983			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 383695733	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WATKINS, DEREK 357 SW DWIGHT AVENUE PORT ST. LUCIE FL 34983			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when terminating)</small>					
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005: Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>			<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATKINS, DEREK		NAME		
STREET ADDRESS	357 SW DWIGHT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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)(X), 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: <i>Derek Watkins</i>			Date: <i>2-18-05</i>		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>			<small>Date</small>		