

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90009 011 \*\*\*158.75

<b>DOCUMENT # P04000039077</b> 1. Entity Name <b>QUALITY SERVICES ROOFING INC</b>					
Principal Place of Business <b>6200 S E 41ST CT</b> <b>OCALA, FL 34480 US</b>				Mailing Address <b>6200 S E 41ST CT</b> <b>OCALA, FL 34480 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1501 NE 32nd AVE.</b>		3. Mailing Address <b>1501 NE 32nd AVE.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>OCALA, FL</b>		City & State <b>OCALA, FL</b>		4. FEI Number <b>27-0083106</b>	
Zip <b>34470</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HISE, DAVID</b> <b>6200 S E 41ST CRT</b> <b>OCALA, FL 34480</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HISE, DAVID 6200 S E 41ST CRT OCALA, FL 34480 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HISE, DAVID 1501 NE 32nd AVE OCALA, FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HISE, JASON D 6200 SE 41ST CRT OCALA, FL 34480 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. HISE, JASON 1501 NE 32nd AVE OCALA, FL 34470 <input checked="" 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	
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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>			3/22/07 352 236 7663		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		