


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000054397	
1. Entity Name QUALITY ROOF SYSTEMS, INC.	

Principal Place of Business 1978 CORPORATE SQ. SUITE 100 LONGWOOD, FL 32750	Mailing Address 1978 CORPORATE SQUARE SUITE 100 LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1905421	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

**WALTHERS, STEVEN P
1978 CORPORATE SQUARE
SUITE 100
LONGWOOD, FL 32750**

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000894527
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTHERS, STEVEN P 1978 CORPORATE SQUARE STE 100 LAKE MARY, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALTHERS, KAREN H 1978 CORPORATE SQUARE SUITE 100 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTHERS, JAMES A 1978 CORPORATE SQUARE STE 100 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/24/08-80031-016 150.00

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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.

SIGNATURE: Steven P. Walters 4/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #