


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90366 002 ***150.00

DOCUMENT # <u>P 04000138441</u>	
1. Entity Name <u>Quality Home Exteriors Inc</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>Live Oak FL</u>		3. Mailing Address <u>9192 48th Street</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <u>Live Oak FL</u>	
Zip	Country	Zip <u>32060</u>	Country <u>Swanna</u>

50041546

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DO NOT WRITE IN THIS SPACE	4. FEI Number <u>51-0448449</u>		Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>Bobby Mauldin</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>9192 48th Street</u>		
	City <u>Live Oak FL</u> FL Zip Code <u>32060</u>		

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
January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DPT Bobby J Mauldin</u> <u>9192 48th Street</u> <u>Live Oak FL 32060</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bobby J Mauldin 386-540-0607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)