

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000005837

FILED  
Mar 19, 2004  
Secretary of State

Entity Name: QUALITY FIRST BUILDERS, INC.

## Current Principal Place of Business:

5014 KEENELAND CIRCLE  
ORLANDO, FL 32819

## New Principal Place of Business:

## Current Mailing Address:

5014 KEENELAND CIRCLE  
ORLANDO, FL 32819

## New Mailing Address:

FEI Number: 59-3151791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURKET, JOHN F  
5014 KEENELAND CIRCLE  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete  
Name: BURKET, JOHN F  
Address: 5014 KEENELAND CIRCLE  
City-St-Zip: ORLANDO, FL 32819 US

Title: V ( ) Delete  
Name: CALDWELL, JEFFREY T  
Address: 10544 OAKVIEW POINTE TR  
City-St-Zip: GOTH A, FL 34734

Title: V ( ) Delete  
Name: MCCLANAHAN, CHARLES B  
Address: 5128 BUTLER RIDGE DR  
City-St-Zip: WINDERMERE, FL 34786

Title: V ( ) Delete  
Name: NIKHAZY, JAMES B  
Address: 2352 BLACKJACK OAK ST  
City-St-Zip: OCOEE, FL 34761

Title: V ( ) Delete  
Name: ROBINSON, DONALD J  
Address: 1175 W MINNESOTA AVE, APT 7  
City-St-Zip: DELAND, FL 32720

Title: V ( ) Delete  
Name: ROBINSON, MICHAEL A  
Address: 2220 W DALE DR  
City-St-Zip: DELAND, FL 32720

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F. BURKET

PDST

03/19/2004

Electronic Signature of Signing Officer or Director

Date

MARK J. WILKINS  
1945 TWIN OAKS DR  
DELAND, FL 32720