

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000041894

1. Entity Name  
QUALITY PLYWOOD SPECIALTIES, INC.



**FILED  
May 21, 2004 08:00 AM  
Secretary of State**

Principal Place of Business 4500-110 AVE N CLEARWATER, FL 33762 US	Mailing Address 4500-110 AVE N CLEARWATER, FL 33762 US
<b>DO NOT WRITE IN THIS SPACE</b>	

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3250367	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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 **Michael A. Jankowski**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering)

DATE

U00000161194  
05/21/04-00004-009 150.00

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IN THIS SPACE**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANKOWSKI, MICHAEL A 4500-110 AVE N CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANKOWSKI, CONNIE J P.O. BOX 741 CRYSTAL BEACH, FL 34681
TITLE NAME STREET ADDRESS 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)(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 Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727) 572-0500

Date

Daytime Phone #