

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90033 049 ***150.00

DOCUMENT # P94000047046

1. Entity Name

QUALITY PLUS, INC.



Principal Place of Business

1308 E. COURT STREET
TARPON SPRINGS FL 34688
US

Mailing Address

P.O. BOX 631
TARPON SPRINGS FL 34688
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3264555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOBGOOD, NANCY L
1308 E. COURT STREET
TARPON SPRINGS FL 34688

7. Name and Address of New Registered Agent

Name HOBGOOD, TIMOTHY W
Street Address (P.O. Box Number is Not Acceptable)
1308 E. COURT STREET
City TARPON SPRINGS FL Zip Code 34688

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

TIMOTHY W HOBGOOD - Pres. Timothy W Hobgood

4-14-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HOBGOOD, TIMOTHY W
STREET ADDRESS 1308 E. COURT STREET
CITY-ST-ZIP TARPON SPRINGS FL 34688

TITLE VD ☐ Delete
NAME HOBGOOD, NANCY L
STREET ADDRESS 1308 E. COURT STREET
CITY-ST-ZIP TARPON SPRINGS FL 34688

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD SAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DECEASED ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP DOB: 1-4-04

TITLE VD ☐ Change ☒ Addition
NAME WINSTON S SEWART
STREET ADDRESS 1308 E. COURT STREET
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE TSEWART, WINSTON S. ☐ Change ☒ Addition
NAME
STREET ADDRESS 2019 MONTEBO COURT
CITY-ST-ZIP OLDSMAR FL 34617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Winston S Sewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04

Date

813-891-9935

Daytime Phone #