


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90239 024 ***158.75

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DOCUMENT # P94000084512 1. Entity Name FLORIDA QUALITY HOMES, INC.					
Principal Place of Business 130 S MAIN STREET WINTER GARDEN, FL 34787-3556 US			Mailing Address 130 C MAIN STREET WINTER GARDEN, FL 34787-3556 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>130 South Main Street</i> Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3282639	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIGOZZI, WILLIAM D 130 S MAIN STREET WINTER GARDEN, FL 34787-3556				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>William D. Pigozzi, President</i> 4/20/05 <small>Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIGOZZI, WILLIAM D 130 SOUTH MAIN STREET WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>William D. Pigozzi, President</i> 4/20/05 407-877-7070 x20 <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY</small>					