2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all

SIGNATURE:

Feb 25, 2004 8:00 am **Secretary of State DOCUMENT # P95000043142** 1. Entity Name 02-25-2004 90039 040 ***150.00 QUALITY AFFORDABLE CONSTRUCTION, INC. Principal Place of Business Mailing Address 1158 S.E. MONTEREY RD. EXT. 1158 S.E. MONTEREY RD. EXT. STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address 1158.S.E. MONTEREY Samo Suite, Apt. #, etc CR2E034 (11/03) MOORE Applied For City & State 4. FEI Number City & State 65-0585078 Not Applicable Hund Zip Country \$8.75 Additional 5. Certificate of Status Desired *Martin* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINLEY, RANDY Street Address (P.O. Box Number is Not Acceptable) 1158 SE MONTEREY RD STUART FL 34994 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) ed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. Addition Change TITLE PD ☐ Delete TITLE NAME FINLEY, RANDY K NAME STREET ADDRESS 1158 SE MONTEREY RD STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP Treasurer John Kniffen Change Addition TITLE Delete TITLE NAME NAME 1158. S.E. MMTERLY R.O. Stuart Fla 34994 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition THTLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TID F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED