

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90025 033 ***150.00

DOCUMENT # P95000075992

1. Entity Name

QUALITY FAST LUBE, INC.



Principal Place of Business

16730 US HIGHWAY 441
SUMMERFIELD FL 34491

Mailing Address

16730 US HIGHWAY 441
SUMMERFIELD FL 34491

24022868



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

11580 SE 123RD ST.

Suite, Apt. #, etc.

City & State

City & State

BELLEVUE, FL

Zip

Country

Zip

34491

Country

USA

4. FEI Number

59-3337700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFITHS, MARK
11580 SE 123RD ST
BELLEVUE, FL 34420

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

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

(NOTE: Registered Agent signature required when reinstating)

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	PDT	<input type="checkbox"/> Delete
NAME	GRIFFITHS, MARK	
STREET ADDRESS	16730 US HIGHWAY 441	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRIFFITHS, TERRY	
STREET ADDRESS	16730 US HIGHWAY 441	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRIFFITHS, BRENT	
STREET ADDRESS	16730 US HIGHWAY 441	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11580 SE 123 RD ST. 34420	
CITY-ST-ZIP	BELLEVUE, FL 34420	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11580 SE 123 RD ST 34420	
CITY-ST-ZIP	BELLEVUE, FL 34420	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11525 SE 129 PL	
CITY-ST-ZIP	OKLAHAWKA, FL 32179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mark Griffiths* MARK GRIFFITHS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04

Date

(352) 288-0700

Daytime Phone #