

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000069755

FILED
Apr 21, 2004
Secretary of State

Entity Name: APS QUALITY SOLUTIONS, INC.

Current Principal Place of Business:

5959 WINKLER RD
SUITE 218B
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

5959 WINKLER RD
SUITE 218B
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0690549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITH, JOANN
5959 WINKLER RD
SUITE 218B
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: FRETWELL, ANDREW
Address: 5959 WINKLER RD 218 B
City-St-Zip: CHARLOTTESVILLE, VA 22903

Title: V () Delete
Name: GRIFFITH, JOANN
Address: 5959 WINKLER RD 218B
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN GRIFFITH

V

04/21/2004

Electronic Signature of Signing Officer or Director

Date