

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90021 036 \*\*\*150.00

DOCUMENT # P96000079370

1. Entity Name  
QUALITY ROOFING OF FLORIDA, INC.



Principal Place of Business

66601 N. 50TH ST.  
TAMPA, FL 33610 US

Mailing Address

6601 N 50TH ST  
TAMPA, FL 33610 US

54033915



2. Principal Place of Business

6601 N. 50th St.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

02232004

Chg-P

CR2E034 (10/03)

City & State

Tampa, FL

City & State

Zip Country

33610 Hillsborough

4. FEI Number

59-3404411

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75-Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARRISON, JOHN ROBERT  
530 LIMONA ROAD  
BRANDON, FL-33510

7. Name and Address of New Registered Agent

Name John Robert Garrison

Street Address (P.O. Box Number is Not Acceptable)  
812 Shadow Run Blvd

City Riverview

FL

Zip Code 33569

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**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VTD  
NAME GARRISON, JOHN ROBERT  
STREET ADDRESS 530 LIMONA ROAD  
CITY-ST-ZIP BRANDON, FL 33510

TITLE PS  
NAME JENKINS, RICHARD C  
STREET ADDRESS 3024 W CHAPIN AVE  
CITY-ST-ZIP TAMPA, FL 33611

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTD  
NAME John Robert Garrison  
STREET ADDRESS 812 Shadow Run Blvd  
CITY-ST-ZIP Riverview FL 33569

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

813-620-4797