2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000103990

1. Entity Name
QUALITY SIGNS, INC.

Principal Place of Business	Mailing Address
2034 EDENFIELD PL LAKELAND, FL 33801	2034 EDENFIELD PL LAKELAND, FL 33801

DO NOT WRITE IN THIS SPACE

02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3482060
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMING, PATRICIA
2034 EDENFIELD PL
LAKELAND, FL 33801

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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 Patty Hemming 3-31-04
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	D
NAME	SWEENEY, JAMES A
STREET ADDRESS	1512 EDGEWOOD DR E
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	P
NAME	SWEENEY, JAMEW M
STREET ADDRESS	1518 EDGEWOOD DR E.
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	ST
NAME	HEMMING, PATRICIA
STREET ADDRESS	3846 FEATHER DR
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Patty Hemming Patty Hemming 3-31-04 863-665-7797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #