2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90044 041 ***150.00

DOCUMENT # P97000016721

1. Entity Name
QUALITY PLUS PRINTING AND GRAPHICS, INC.

Principal Place of Business	Mailing Address
~~8 TANGELO TERRACE~~	~~8 TANGELO TERRACE~~
~~SAFETY HARBOR, FL 34695 US~~	~~SAFETY HARBOR, FL 34695 US~~

01082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5103 Karlsburg Place	5103 Karlsburg Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor FL	City & State: Palm Harbor FL
Zip: 34685 Country: US	Zip: 34685 Country: US

4. FEI Number: 59-3437384 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHAEL GOLDSTEIN	Name
~~8 TANGELO TERRACE~~	Street Address (P.O. Box Number is Not Acceptable)
~~SAFETY HARBOR, FL 34695~~	5103 Karlsburg Place
	City: Palm Harbor FL Zip Code: 34685

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] Michael Goldstein — DATE: 2/1/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, MICHAEL S		NAME		
STREET ADDRESS	8 TANGELO TERRACE		STREET ADDRESS	5103 Karlsburg Place	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	Palm Harbor FL 34685	
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, SHERRY		NAME		
STREET ADDRESS	8 TANGELO TERRACE		STREET ADDRESS	5103 Karlsburg Place	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	Palm Harbor FL 34685	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] — Date: 2/1/04 — Daytime Phone #: 727-781-9072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR