

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90086 027 ***150.00

DOCUMENT # P98000018234					
1. Entity Name QUALITY READER'S SERVICE, INC.					
Principal Place of Business 50 S. BELCHER ROAD, STE. 109 CLEARWATER, FL 33765			Mailing Address 16120 US 19 NORTH., STE 246 ATTN: LEGAL DEPT. CLEARWATER, FL 33764		
2. Principal Place of Business		3. Mailing Address 16120 US 19 North, Suite 200			
Suite, Apt. #, etc.		Suite, Apt. #, etc. ATTN: Legal Dept.		04192004 Chg-P CR2E034 (10/03)	
City & State		City & State Clearwater, FL		4. FEI Number 59-3494223	
Zip		Zip 33764		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOOD, WILLIAM H III 50 S. BELCHER ROAD, STE. 109 CLEARWATER, FL 33765			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, WILLIAM H III 50 S. BELCHER ROAD, STE. 109 CLEARWATER, FL 33765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUEEN, HAROLD 50 S. BELCHER ROAD, STE. 109 CLEARWATER, FL 33765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 reports 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: _____ Director 4/19/04 (727) 535-0205					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					