2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State
03-08-2004 90028 003 ***150.00

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1. Entity Name
QUALSURE HOLDING CORPORATION

94025998

01062004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
506 SARASOTA QUAY SARASOTA, FL 34236	506 SARASOTA QUAY SARASOTA, FL 34236

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0971321 ☐ 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
BOOTHE, ROBERT P 506 SARASOTA QUAY SARASOTA, FL 34236	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 _____ DATE
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO SAVAGE, R. THOMAS JR. 6705 COYOTE RIDGE COURT UNIVERSITY PARK, FL 34201	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE-INNISS, GERRARD 428 MACE PL., HALELAND PARK MARAVAL, TRINIDAD, W. INDIES,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC LOMBARDO, JOHN 27595 RIVERBANK DR. BONTIA SPRINGS, FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP Lombardo, John 15192 Brolio Way Naples, FL 34110 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PICCIONE, TAL P 7 PHARIS PLACE UPPER SADDLE RIVE, NJ 07458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORTON, JOHN C 116 JOHN PRESTON DR LEXINGTON, SC 29072	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Davies, Richard 319 Howard Ave. Fairlawn, NJ 07410 Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TAS MONTS, ELIZABETH R 7201 JESSIE HARBOR DR. OSPREY, FL 34229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TAS Monts, Elizabeth R. 2141 Muskogee Trail Nokomis, FL 34275 ☑ Change ☐ Addition

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: Elizabeth R Monts 3/4/04 941-363-0927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #