

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S23652

1. Entity Name
QUALITY PLUS ROOFING, INC.



Principal Place of Business
**1004 10TH ST. W
PALMETTO, FL 34221**

Mailing Address
**5213 34TH AVE W
BRADENTON, FL 34209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122003

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0239817

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

**DIVINE, JIM
5213 34TH AVENUE WEST
BRADENTON, FL 34209**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 **PS** ☐ Delete
NAME **DIVINE, JIM**
STREET ADDRESS **5213 34TH AVE W**
CITY-ST-ZIP **BRADENTON, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **FERRIS, MIKE**
STREET ADDRESS **5423 25 ST. W.**
CITY-ST-ZIP **BRADENTON, FL**

TITLE **V** ☐ Change ☒ Addition
NAME **NYSTROM, STEPHEN**
STREET ADDRESS **2619 10th AVE. W.**
CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Jim Divine Jim Divine - President

Date

5/19/04

Daytime Phone #

941-792-5767

FILED

04 MAY 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

