


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90193 044 \*\*\*150.00

**DOCUMENT # S82413**

1. Entity Name  
 QUALITY HOME BUILDERS OF NAPLES, INC.



Principal Place of Business      Mailing Address

310 WILSON BLVD S      310 WILSON BLVD S  
 NAPLES, FL ~~33999~~ 34117      NAPLES, FL ~~33999~~ 34117

24068157

**DO NOT WRITE IN THIS SPACE**



04242004    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0288845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

SVENSON, FRED  
 310 WILSON BLVD  
 NAPLES, FL 33999

**DO NOT WRITE IN THIS SPACE**

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

TITLE	P
NAME	SVENSON, FREDRICK J
STREET ADDRESS	310 WILSON BLVD
CITY-ST-ZIP	NAPLES, FL 34117
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 I am empowered.

SIGNATURE: Fredrick J Svenson      4-27-04      239 455-7874  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #