## **2005 FOR PROFIT CORPORATION**

## **FILED** Apr 30 2005 08:00 AM

	ANNUAL R	EPORT		Apr 30, 2005 08:00 An Secretary of State	/]
DOCU	MENT # S82413			Secretary of State	
1. Entity Nam	ne	- 41.5			
QUALITY	/ HOME BUILDERS OF NAPLE	S, INC.			
Principal Plac	e of Business M	ailing Address			
310 WILSON		310 WILSON BLVD S			
NAPLES, FL	33999 34117	IAPLES, FL <del>33999・34</del> ルマ			
DO NOT WRITE IN THIS SPACE				04262005 No Chg-P CR2E034 (10/03)	
			CE	4. FEI Number Applied For	<del>-</del>
				65-0288845 Not Applica	ıb
				5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	tered Agent	t ransis i	* *** *** *** *** *** *** *** *** ***	172
SVENSON	N. FRED		l 	DO NOT WOITE	
310 WILSON BLVD				DO NOT WRITE	
NAPLES, I	FL <del>3399</del> 934いつ			IN THIS SPACE	
8. The above	named entity submits this statement for the	purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and acco	ar ar
the obligat	tions of registered agent.				-  -
SIGNATURE_	Signature, typed or printed name of registered agent and title	X and inch	d Agent signature required	When reinstaling) DATE	
	Signature, typed or plinted name or ragistered agent and title	if applicable. (NOTE, Registere	a Agent signature required	when reinstating) DATE	_
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			ncing\$5.	.00 May Be ed to Fees	
			☐ Add	ed to Fees	
10.	OFFICERS AND DIRE	OT ORS			_
TITLE Name	P SVENSON, FREDRICK J			-	
STREET ADDRESS	310 WILSON BLVD				
CITY-ST-ZIP	NAPLES, FL 34117		territaria —	<u> </u>	
TITLE				US/U2/U5-80068-UQ1 150.00	
NAME STREET ADDRESS					
CITY-\$1-ZIP				- Appendix	
TITLE			•		
NAME					
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE		<u></u>		IN THIS SPACE	_
NAME				IN THIS SPACE	
STREET ADDRESS					
CITY-ST-ZIP				The second secon	
TITLE NAME			1		
STREET ADDRESS	-				

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:

CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR