

ANNUAL REPORT

DOCUMENT # V60013

1. Entity Name
QUALITY FLOOR SERVICES, INC.



FILED
Apr 26, 2004 08:00 AM
Secretary of State

Principal Place of Business
P.O. BOX 3812
FORT PIERCE, FL 34948

Mailing Address
P.O. BOX 3812
FORT PIERCE, FL 34948



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0347346

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CIRAVOLO, CHERYL
1158 SW GOODMAN AVE
PORT ST. LUCIE, FL 34953

**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

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

(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. ☐

\$5.00 May Be
Added to Fees

U000000130231
04/26/04-80107-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CIRAVOLO, CHERYL
STREET ADDRESS	1173 SW SUDDER AVE
CITY- ST- ZIP	PORT ST. LUCIE, FL
TITLE	D
NAME	ROSENTHAL, MITCHELL L.
STREET ADDRESS	1173 SW SUDDER AVE
CITY- ST- ZIP	PORT ST. LUCIE, FL
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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IN THIS SPACE**

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:

Mitchell Rosenthal

4/19/04

954-600-8901

REPLACING AND TYPING OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Phone/Fax #