## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V63170

City-St-Zip:

ROYAL PALM BEACH, FL 33411

FILED Apr 06, 2005 Secretary of State

Entity Name: QUALITY SOD OF 1	THE PALM BEACHE	S, INC.		
Current Principal Place of Business:		New Principal Place of Business:		
4418 COCONUT BLVD. ROYAL PALM BEACH, FL 33411				
Current Mailing Address:		New Mailing Addre	ss:	
4418 COCONUT BLVD. ROYAL PALM BEACH, FL 33411				
FEI Number: 65-0361135 FEI Numb	er Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
COWART, LOU ANN 4418 COCONUT BLVD. ROYAL PALM BEACH, FL 33411	US			
The above named entity submits thi in the State of Florida.	s statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		nt	Date	
Election Campaign Financing Trust Fund	Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: D ( ) Delete		Title: P, D	(X) Change ( ) Addition	

COWART, LOU ANN, COWART, LOU ANN, Name: Name: 111 PONCE DE LEON STREET 4418 COCONUT BOULEVARD Address: Address: City-St-Zip: ROYAL PALM BEACH, FL City-St-Zip: ROYAL PALM BEACH, FL 33411 Title: () Delete Title: (X) Change ( ) Addition BACON, VIRGINIA BACON, VIRGINIA Name: Name: Address: 4418 COCONUT BLVD. Address: 4418 COCONUT BLVD. ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 City-St-Zip: City-St-Zip: Title: Title: VP,D (X) Change ( ) Addition () Delete Name: BACON, DERAL M Name: BACON, DERAL M Address: 4418 COCONUT BLVD. Address: 4418 COCONUT BLVD.

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

ROYAL PALM BEACH, FL 33411

SIGNATURE: LOU ANN COWART Ρ 04/06/2005