

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000044960

Entity Name: QUALITY POOL CARE, INC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

100 WILDWOOD CT.  
KISSIMMEE, FL 34743

## **New Principal Place of Business:**

311 ALTAMONTE BAY CLUB CIRCLE  
210  
ALTAMONT SPRINGS, FL 32701

## **Current Mailing Address:**

100 WILDWOOD CT.  
KISSIMMEE, FL 34743

## **New Mailing Address:**

P.O. BOX 551215  
ORLANDO, FL 32855

FEI Number: 26-2537666

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

RAMZA, SULTAN  
100 WILDWOOD CT  
KISSIMMEE, FL 34743 US

## **Name and Address of New Registered Agent:**

RAMZA, SULTAN  
311 ALTAMONTE BAY CLUB CIRCLE  
210  
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE:

04/30/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: RAMZA, SULTAN  
Address: 311 ALTAMONTE BAY CLUB CIR #210  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby 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 all other like empowered.

SIGNATURE: SULTAN RAMZA

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date