

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000080154

Entity Name: ABSOLUTE QUALITY PRODUCTS, INC.**Current Principal Place of Business:**1117 S.W. 46TH TERRACE
CAPE CORAL, FL 33914**Current Mailing Address:**1117 S.W. 46TH TERRACE
CAPE CORAL, FL 33914 US**FEI Number: 26-3427338****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRICK, MARY S
1117 S.W. 46TH TERRACE
CAPE CORAL, FL 33914 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, D
Name BRICK, MARY S
Address 1117 S.W. 46TH TERRACE
City-State-Zip: CAPE CORAL FL 33914

Title PRES
Name BRICK, MARY S
Address 1117 SW 46TH TERRACE
City-State-Zip: CAPE CORAL FL 33914

Title PRES
Name BRICK, MARY S
Address 1117 SW 46TH TERRACE
City-State-Zip: CAPE CORAL FL 33914

Title VP
Name CHAIPEL, STEVEN C
Address 2625 SW 4TH PLACE
City-State-Zip: CAPE CORAL FL 33914

Title S, T
Name BRICK, MARY S
Address 1117 S.W. 46TH TERRACE
City-State-Zip: CAPE CORAL FL 33914

Title PRES
Name BRICK, MARY S
Address 1117 SW 46TH TERRACE
City-State-Zip: CAPE CORAL FL 33914

Title PRES
Name BRICK, MARY S
Address 1117 SW 46TH TERRACE
City-State-Zip: CAPE CORAL FL 33914

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: MARY S. BRICK**PRESIDENT****04/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date