

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000000361

Entity Name: Q4 HOLDINGS, INC.**Current Principal Place of Business:**1410 N. GOLDENROD RD.
SUITE 1
ORLANDO, FL 32807**Current Mailing Address:**1410 N. GOLDENROD RD.
SUITE 1
ORLANDO, FL 32807**FEI Number:** 46-4255068**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PONDER, MONICA M
1410 N. GOLDENROD RD.
SUITE 1
ORLANDO, FL 32807 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:** MONICA M PONDER

04/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SIMPSON, BRIAN
Address 1410 N. GOLDENROD RD., SUITE 1
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name PONDER, MICHAEL L
Address 1410 N. GOLDENROD RD., SUITE 1
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name ROLLS, MARTYN J
Address 1410 N. GOLDENROD RD., SUITE 1
City-State-Zip: ORLANDO FL 32807

Title SECRETARY, DIRECTOR
Name PONDER, MONICA M
Address 1410 N. GOLDENROD RD., SUITE 1
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name ROLLS, JULIE A
Address 1410 N. GOLDENROD RD., SUITE 1
City-State-Zip: ORLANDO FL 32807

Title TREASURER
Name CHANDLER, NATALEE
Address 1410 N. GOLDENROD RD., SUITE 1
City-State-Zip: ORLANDO FL 32807

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: MONICA M PONDER**SECRETARY**

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date