

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F36683

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** QUALITY LEASING INCORPORATED

**Current Principal Place of Business:**

% G.M. HOLLINGSWORTH  
1006 NORTH BEAL PARKWAY  
FT WALTON BEACH, FL 325471404

**New Principal Place of Business:**

**Current Mailing Address:**

% G.M. HOLLINGSWORTH  
1006 NORTH BEAL PARKWAY  
FT WALTON BEACH, FL 325471404

**New Mailing Address:**

**FEI Number:** 59-2134435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEEFE, LARRY  
909 MARWALT DR., STE 1014  
FORT WALTON BEACH, FL 32547 US

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

KEEFE, LARRY  
2113 LEWIS TURNER BLVD  
SUITE 100  
FORT WALTON BEACH, FL 32547 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

03/29/2011

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MARSTELLER, MATT C D  
Address: 958 DON DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DP  
Name: HOLLINGSWORTH, G M  
Address: 1006 N BEAL PARKWAY  
City-St-Zip: FT WALTON BEACH,, FL 32547

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: G. M. HOLLINGSWORTH

MGR

03/29/2011

Electronic Signature of Signing Officer or Director

Date