

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000071496

FILED  
Feb 21, 2011  
Secretary of State

**Entity Name:** QUALITY PLUS COMMUNICATIONS, INC.

**Current Principal Place of Business:**

330 W. HOWARD STREET  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 478  
LIVE OAK, FL 32064

**New Mailing Address:**

330 W. HOWARD STREET  
LIVE OAK, FL 32064

**FEI Number:** 51-0425823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, FRANK A  
330 W. HOWARD STREET  
LIVE OAK, FL 32064 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALLEN, FRANK R  
Address: 330 W. HOWARD STREET  
City-St-Zip: LIVE OAK, FL 32064

Title: S  
Name: ALLEN, ILA F  
Address: 330 W. HOWARD ST.  
City-St-Zip: LIVE OAK, FL 32064

Title: TD  
Name: CROCKER, B S  
Address: 330 W. HOWARD STREET  
City-St-Zip: LIVE OAK, FL 32064

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: SHAWN CROCKER

TD

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date