2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# P03000119741

Entity Name: A-PLUS QUALITY, INC.

Current Principal Place of Business:

6012 JONES RD
ST CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

6012 JONES RD
ST CLOUD, FL 34771

New Mailing Address:

FEI Number: 06-1712602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FROST, WILLARD L JR
6012 JONES RD
ST CLOUD, FL 34771 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: WILLARD L FROST

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FROST, WILLARD L JR
Address: 6012 JONES RD
City-St-Zip: ST CLOUD, FL 34771

Title: STD ( ) Delete
Name: FROST, CARRIE ANN
Address: 6012 JONES RD
City-St-Zip: ST CLOUD, FL 34771

Title: V ( ) Delete
Name: POPE, SHAUN
Address: 2317 KELLIEANN CT
City-St-Zip: KISSIMMEE, FL 34741

Title: AV ( ) Delete
Name: SIMONES, JASON
Address: 821 MICHIGAN AVENUE
City-St-Zip: ST CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILARD L FROST PD 10/06/2005

Electronic Signature of Signing Officer or Director Date