## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000139768

Entity Name: ACN QUALITY SERVICES, CORP.

FILED Jul 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2135 GRACE AVENUE 138 BROOKS RD

FORT MYERS, FL 33901 NORTH FORT MYERS, FL 339174105

Current Mailing Address: New Mailing Address:

2135 GRACE AVENUE 138 BROOKS RD

FORT MYERS, FL 33901 NORTH FORT MYERS, FL 339174105

FEI Number: 20-0427397 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NUNES, ANTONIO CARLOS

2135 GRACE AVENUE

FORT MYERS, FL 33901 US

TAX HOUSE CORPPORATION
11601 S CLEVELAND AVENUE #1
FORT MYERS, FL 33907 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: TAX HOUSE CORPORATION 07/25/2005

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: NUNES, ANTONIO CARLOS Name: NUNES, ANTONIO CARLOS
Address: 2135 GRACE AVENUE Address: 138 BROOKS RD

City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: NORTH FORT MYERS, FL 339174105

Title: VD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 DE JESUS GONCALVES, ELISEU
 Name:

 Address:
 7520 OMNI LANE #206
 Address:

 City-St-Zip:
 FORT MYERS, FL 33905
 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: ANTONIO CARLOS NUNES PD 07/25/2005