

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155089

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** QUALITY TOUCH PAINTING, INC.

**Current Principal Place of Business:**

5586 SHADY PINES STREET SOUTH  
JACKSONVILLE, FL 32241 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 441796  
JACKSONVILLE, FL 32222 US

**New Mailing Address:**

**FEI Number:** 20-0513655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONTEGA BUSINESS SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 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: DP  
Name: HUNT, JOHN  
Address: 5586 SHADY PINE STREET SOUTH  
City-St-Zip: JACKSONVILLE, FL 32241 US

Title: DV  
Name: LABRANCHE, JOSEPH JR  
Address: 4501 CROSSTIE RD N.  
City-St-Zip: JACKSONVILLE, FL 32257 US

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: JOSEPH LEO LABRANCHE JR.

V.P

04/25/2012

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

\_\_\_\_\_  
Date