

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126709

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** QUALITY HOME REPAIRS AND IMPROVEMENTS INC.

**Current Principal Place of Business:**

2245 SANDY LANE DRIVE  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 849  
CLARCONA, FL 32710

**New Mailing Address:**

**FEI Number:** 35-2237504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPENCER, MELISSA  
2245 SANDY LANE DRIVE  
APOPKA, FL 32703 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

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:** DP ( ) Delete  
**Name:** SPENCER, MELISSA  
**Address:** 2245 SANDY LANE DRIVE  
**City-St-Zip:** APOPKA, FL 32703

**Title:** DV ( ) Delete  
**Name:** SPENCER, CHRISTOPHER L  
**Address:** 2245 SANDY LANE DRIVE  
**City-St-Zip:** APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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 exemption stated in Chapter 119, 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:** MELISSA SPENCER

DV

05/01/2009

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

\_\_\_\_\_  
Date