

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126709

FILED  
Apr 30, 2012  
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:**

2245 SANDY LANE DRIVE  
APOPKA, FL 32703 US

**Current Mailing Address:**

PO BOX 849  
CLARCONA, FL 32710

**New Mailing Address:**

PO BOX 849  
CLARCONA, FL 32710 US

**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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SPENCER, MELISSA  
Address: 2245 SANDY LANE DRIVE  
City-St-Zip: APOPKA, FL 32703

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

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: MELISSA SPENCER

DP

04/30/2012

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

\_\_\_\_\_  
Date