

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000034357

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** QUALITY STAFFING ASSOCIATES, INC

**Current Principal Place of Business:**

8105 RIVER COUNTRY DR  
SPRING HILL, FL 34607 US

**New Principal Place of Business:**

**Current Mailing Address:**

8105 RIVER COUNTRY DR  
SPRING HILL, FL 34607 US

**New Mailing Address:**

**FEI Number:** 26-2335471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORELAND, KATHLEEN R OWNER  
8105 RIVER COUNTRY DR  
SPRING HILL, FL 34607 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: PRES  
Name: MORELAND, KATHLEEN R  
Address: 8105 RIVER COUNTRY DR  
City-St-Zip: SPRING HILL, FL 34607 US

Title: SEC  
Name: D'ADDEO, PAUL M  
Address: 2122 SHANNON DR  
City-St-Zip: HOLIDAY, FL 34690 US

Title: VP  
Name: MORELAND, DANIEL B  
Address: 8105 RIVER COUNTRY DR  
City-St-Zip: SPRING HILL, FL 34607 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: KATHLEEN R MORELAND

PRES

02/06/2012

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

\_\_\_\_\_  
Date