

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000078887

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** TOP QUALITY CONSTRUCTION SERVICES INC.

**Current Principal Place of Business:**

130 KELLY CIR  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

130 KELLY CIR  
SANFORD, FL 32773

**New Mailing Address:**

**FEI Number:** 27-3583538

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARKS, GEORGE M  
175 POST AND RAIL RD  
LONGWOOD, FL, FL 32750 US

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

MARKS, GEORGE M  
175 POST AND RAIL RD  
LONGWOOD,, FL 32750 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:** GEORGE M MARKS

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DIR  
**Name:** MARKS, GEORGE M  
**Address:** 175 POST AND RAIL RD  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** P  
**Name:** MARKS, MICHELLE D  
**Address:** 130 KELLY CIR  
**City-St-Zip:** LONGWOOD, FL 32773

**Title:** VP  
**Name:** FYOCK, ANTHONY D  
**Address:** 130 KELLY CIR  
**City-St-Zip:** SANFORD, FL 32773

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:** MICHELLE D MARKS

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date