

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L32591

Entity Name: ALL QUALITY HOMES, INC.**Current Principal Place of Business:**245 W. BLUE SPRINGS AVE
SUITE E
ORANGE CITY, FL 32763**Current Mailing Address:**245 W BLUE SPRINGS AVE
SUITE E
ORANGE CITY, FL 32763 US**FEI Number:** 59-3035967**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHAFFER, PAUL A
245 W. BLUE SPRINGS AVE
SUITE E
ORANGE CITY, FL 32763 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:** PAUL A SHAFFER**04/14/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	SHAFFER, NANCY
Address	245 W. BLUE SPRINGS AVE SUITE E
City-State-Zip:	ORANGE CITY FL 32763

Title	VP, DIRECTOR
Name	SHAFFER, PAUL
Address	245 W. BLUE SPRINGS AVE SUITE E
City-State-Zip:	ORANGE CITY FL 32763

Title	VP, DIRECTOR
Name	SHAFFER, ANDREW
Address	245 W. BLUE SPRINGS AVE SUITE E
City-State-Zip:	ORANGE CITY FL 32763

Title	DIRECTOR
Name	TAYLOR, ASHLEY
Address	245 W. BLUE SPRINGS AVE SUITE E
City-State-Zip:	ORANGE CITY FL 32763

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: PAUL A. SHAFFER**VP, DIRECTOR****04/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date