

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90016 043 \*\*\*150.00

**DOCUMENT # P01000091955**

1. Entity Name  
**QUATTRONE AND ASSOCIATES, INC.**



Principal Place of Business  
 11000 METRO PARRKWAY  
 SUITE 27  
 FORT MYERS, FL 33912

Mailing Address  
 11000 METRO PARRKWAY  
 SUITE 27  
 FORT MYERS, FL 33912

**94027958**



2. Principal Place of Business  
*11000 Metro Pkwy*  
 Suite, Apt. #, etc.  
*Suite 30*

3. Mailing Address  
*11000 Metro Pkwy*  
 Suite, Apt. #, etc.  
*Suite 30*

02092004 Chg-P CR2E034 (10/03)

City & State  
*Ft. Myers FL*

City & State  
*Ft. Myers FL*

Zip  
*33912* Country

Zip  
*33912* Country

4. FEI Number  
 72-1522004

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**QUATTRONE, ALFRED**  
 11000 METRO PARKWAY  
 SUITE 27  
 FORT MYERS, FL 33912

7. Name and Address of New Registered Agent

Name *Alfred Quattrone*

Street Address (P.O. Box Numbers Not Acceptable)  
*11000 Metro Pkwy Suite 30*

City *Ft. Myers* FL Zip Code *33912*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT QUATTRONE, ALFRED 12661 CHARTWELL DRIVE FT MYERS, FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUATTRONE, LISA 12661 CHARTWELL DRIVE FT MYERS, FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/8/04* Date  
*239-936-5222* Daytime Phone #