

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091955

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: QUATTRONE AND ASSOCIATES, INC.

**Current Principal Place of Business:**

11000 METRO PARKWAY  
SUITE 30  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

11000 METRO PARKWAY  
SUITE 30  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 72-1522004      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

QUATTRONE, ALFRED  
11000 METRO PARKWAY  
SUITE 30  
FORT MYERS, FL 33912 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: QUATTRONE, ALFRED  
Address: 12661 CHARTWELL DRIVE  
City-St-Zip: FT MYERS, FL 33912

Title: S ( ) Delete  
Name: QUATTRONE, LISA  
Address: 12661 CHARTWELL DRIVE  
City-St-Zip: FT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P,T (X) Change ( ) Addition  
Name: QUATTRONE, ALFRED  
Address: 12661 CHARTWELL DRIVE  
City-St-Zip: FT MYERS, FL 33912

Title: VP,S (X) Change ( ) Addition  
Name: QUATTRONE, LISA  
Address: 12661 CHARTWELL DRIVE  
City-St-Zip: FT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LISA QUATTRONE

VP

01/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date