

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90040 005 ***150.00

60019322



01242006 Chg-P CR2E034 (11/05)

4. FEI Number **59-3584269** Applied For Not Applicable

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

DOCUMENT # P99000058276
 1. Entity Name
WAYNE QUICK ENTERPRISES, INCORPORATED



Principal Place of Business
**CRAWFORDVILLE ROAD
 TALLAHASSEE, FL 32311**

Mailing Address
**C/O WAYNE QUICK
 7492 SKIPPER LANE
 TALLAHASSEE, FL 32311**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
7610 SKIPPER LANE
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
32317 Country

6. Name and Address of Current Registered Agent

**QUICK, JOSEPH WAYNE
 7492 SKIPPER LANE
 TALLAHASSEE, FL 32311**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2006 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 | P QUICK, JOSEPH W 7492 SKIPPER LANE TALLAHASSEE, FL 32311 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7610 SKIPPER LANE 32317 | |
| 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 exemptions contained 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 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: Joseph W. Quick **2-6-06 (850) 878-8356**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #