

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003077

FILED  
Feb 01, 2012  
Secretary of State

Entity Name: STROMQUIST & COMPANY, INC.

**Current Principal Place of Business:**

4620 ATLANTA ROAD  
SMYRNA, GA 30080

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 724688  
ATLANTA, GA 31139

**New Mailing Address:**

FEI Number: 58-0684488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ESKIN, PAUL  
5125 ADANSON STREET  
STE. 200  
ORLANDO, FL 32804 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

**OFFICERS AND DIRECTORS:**

Title: PC  
Name: LINDLEY, SAM  
Address: 4620 ATLANTA ROAD  
City-St-Zip: SMYRNA, GA 30080

Title: SD  
Name: STROMQUIST, ERIC  
Address: 4620 ATLANTA ROAD  
City-St-Zip: SMYRNA, GA 30080

Title: TD  
Name: STROMQUIST, DAVID  
Address: 4620 ATLANTA ROAD  
City-St-Zip: SMYRNA, GA 30080

Title: D  
Name: MYRA B. MITCHELL, CPA LC  
Address: PO BOX 2390  
City-St-Zip: DALLAS, GA 30132

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: DAVID STROMQUIST

TD

02/01/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date