


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90084 046 ***150.00

DOCUMENT # H89937 1. Entity Name Q ASSOCIATES, INCORPORATED					
Principal Place of Business C/O SONALYSTS, INC. 2404 A RUTH HERTZ AVENUE PANAMA CITY, FL 32405 US			Mailing Address P.O. BOX 1129 PANAMA CITY, FL 32402 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2626693	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent QUIRK, JEANNE K. 812 MOORE CIRCLE PANAMA CITY, FL 32401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Jeanne K. Quirk</i></u> <u><i>Jeanne K. Quirk</i></u> <u><i>11 Jan '08</i></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when filing.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD QUIRK, JEANNE K. 812 MOORE CIRCLE PANAMA CITY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D QUIRK, JOHN T. 812 MOORE CIRCLE PANAMA CITY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete			
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: <u><i>John Quirk</i></u> <u><i>JOHN QUIRK</i></u> <u><i>11 JAN 08</i></u> <u><i>850 763 1557</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<u><i>Jeanne K. Quirk</i></u> <u><i>Jeanne K. Quirk</i></u> <u><i>11 Jan '08</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT</small>					

