

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90001 016 ***150.00

DOCUMENT # L01421

1. Entity Name
QUANTUS INTERNATIONAL, INC.



Principal Place of Business
**2212 SMOKETREE CT
LONGWOOD, FL 32779 US**

Mailing Address
**2212 SMOKETREE CT
LONGWOOD, FL 32779 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08112006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2958633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COFFMAN, MARVIN R
2212 SMOKE TREE CT
LONGWOOD, FL 32779**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **COFFMAN, JR., MARVIN R.**
STREET ADDRESS **2212 SMOKETREE CT**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **VTS** ☐ Delete
NAME **JETT-COFFMAN, PAMELA LYNN**
STREET ADDRESS **2212 SMOKETREE CT**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Marvin R. Coffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/06
Date

Daytime Phone #

ATTACHMENT

40102185

Attn:

Amela Yarbou
Florida Dept. of State
Division of Corp

RE: LO1421

Please be advised that we
never received the Annual
Report notice.

Enclosed is my check for \$150.-
and 2006 Report Form.

Thank you so much in
advance for your help.

Tom Coffey