

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000075591

Entity Name: QUANTEFI, INC.

FILED  
Mar 21, 2009  
Secretary of State

## Current Principal Place of Business:

2108 W. MINNEHAHA ST.  
TAMPA, FL 33604

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 15818  
TAMPA, FL 33684

## New Mailing Address:

FEI Number: 59-3755479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATHEWS, LORRAINE  
2108 W. MINNEHAHA ST.  
TAMPA, FL 33604 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: P ( ) Delete  
Name: HEPP, DORIS  
Address: 3352 WINDJAMMER DR.  
City-St-Zip: SPRING HILL, FL 34607

Title: VP ( ) Delete  
Name: HEPP, BRIAN  
Address: 2455 DELAAT AVE  
City-St-Zip: WYOMING, MI 49509

Title: T ( ) Delete  
Name: HEPP, BRENT  
Address: 809 STUART  
City-St-Zip: KALAMAZOO, MI 49007

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: HEPP, KYLE  
Address: 2108 W. MINNEHAHA ST.  
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify 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: DORIS HEPP

PRES

03/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date