

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000023315

1. Entity Name  
NEW DAWN FINANCIAL SERVICES INC.



Principal Place of Business  
2150 S. PALMETTO AVENUE #16  
SOUTH DAYTONA, FL 32119

Mailing Address  
2150 S. PALMETTO AVENUE #16  
SOUTH DAYTONA, FL 32119

FILED

04 OCT -4 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DO NOT WRITE IN THIS SPACE**

09302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
01-0619460

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

QUIONQUION, JEAN-LUC  
2150 S. PALMETTO AVENUE #16  
SOUTH DAYTONA, FL 32119

**DO NOT WRITE  
IN THIS SPACE**

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)

09/03/04

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
QUIONQUION, JEAN-LUC PRES  
2150 S. PALMETTO AVE, #16  
SOUTH DAYTONA, FL 32119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC  
QUIONQUION, FELICIA F SEC  
2150 S. PALMETTO AVE, #16  
SOUTH DAYTONA, FL 32119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TRES  
QUIONQUION, JEAN-LUC TRES  
2150 S. PALMETTO AVE #16  
SOUTH DAYTONA, FL 32119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700041605897  
10/05/04--01041--001 \*\*158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/03/04

Date

386-761-4029

Daytime Phone #