2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000069304

DAVID QUINCY DESIGN AND DRAFTNG INC.



Principal Place of Business

Mailing Address

1036 BONAIRE DRIVE #2825 ALTAMONTE SPRINGS, FL 32714 **1036 BONAIRE DRIVE**

#2825

SIGNATURE VIND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALTAMONTE SPRINGS, FL 32714

FILED Jan 28, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 01112004

4. FEI Number 11-2049146

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

407-523-8865

5. Name and Address of Current Registered Agent

QUINCY, DAVID 1036 BONAIRE DRIVE #2825

SIGNATURE: 🔟

ALTAMONTE SPRINGS, FL 32714

| DC |) | NOT | WRITE |
|----|---|------|--------------|
| IN | - | ГНІЅ | SPACE |

| 3. 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 Of Committee of Inflation of Infla | | | | | | | | | |
| | E NOW!!! FEE 18 \$150.00 ay 1, 2004 Fee will be \$550.00 | | | | | | | | |
| 18. | OFFICERS AND DIRECTORS | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZP | P,D QUINCY, DAVID J 1036 BONAIRE DRIVE #2825 ALTAMONTE SPRINGS, FL 32714 | | | | U00000019531 01/29/04-80028-024 150.00 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | =- | | | | |
| BILE NAME STREET ADDRESS CITY-ST-TAP | | | | DO | NOT WRITE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SPACE | | | | |
| BILE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | . . | | | | |
| 12. I hereby certify that the information supplied with this liking does not qualify for the exemption stated in Section 119.07(3)(f), 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 affactiment with an address, with all other like empowered. | | | | | | | | | |