2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 08, 2007 08:00 AM DOCUMENT # P02000069304 **Secretary of State** DAVID QUINCY DESIGN AND DRAFTING INC. Principal Place of Business Mailing Address **1036 BONAIRE DRIVE 1036 BONAIRE DRIVE** #2825 #2825 ALTAMONTE SPRINGS, FL. 32714 ALTAMONTE SPRINGS, FL 32714 No Chg-P 01032007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2049146 Not Applicable \$8.75 Additional 40 - 1 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUINCY, DAVID DO NOT WRITE 1036 BONAIRE DRIVE #2825 IN THIS SPACE ALTAMONTE SPRINGS, FL 32714 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 9. Election Campaign Financing FiLE NOW!!! FEE !8 \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PΩ TITLE QUINCY, DAVID J NAME STREET ADDRESS 1036 BONAIRE DRIVE #2825 .U00000577345 CITY-ST-7/P ALTAMONTE SPRINGS, FL 32714 01/08/07-80013-002 150.00. TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

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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:	Soull		President	1.4.	·07 40	4-523-856I
	SIGNATURE AND TYPE	D OR PRINTED NA	ME OF SIGNING OFFICER OR DIRECTOR		Date	Deytime Phone #