



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90033 021 \*\*\*150.00

DOCUMENT # P02000127884					
1. Entity Name <b>QUANTUM PROFESSIONAL MANAGEMENT SERVICES, INC.</b>					
Principal Place of Business <b>6465 RENAISSANCE DR. PORT ORANGE, FL 32128</b>			Mailing Address <b>6465 RENAISSANCE DR. PORT ORANGE, FL 32128</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 291968</b>			
City & State		City & State <b>Port Orange, FL</b>		4. FEI Number <b>09-3732846</b>	
Zip <b>32129</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 02042004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>BLEDSON, DENEAH 6465 RENAISSANCE DR. PORT ORANGE, FL 32128</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>					
9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>DP</b> <input type="checkbox"/> Delete NAME <b>BLEDSON, DENEAH</b> STREET ADDRESS <b>6465 RENAISSANCE DR.</b> CITY-ST-ZIP <b>PORT ORANGE, FL 32128</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 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: <u>Deneah Bledson</u> <b>Deneah Bledson</b> <u>2/4/04</u> <b>3865471628</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					