2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0300066632

1. Entity Name

TITLE
NAME
STREET ADDRESS
GITY-ST-ZIP

QUINA-BENTLEY ENTERPRISES, INC.



FILED Jan 10, 2006 08:00 AM Secretary of State

Principal Place of Business

141 SOLANO CAY CIRCLE PONTE VEDRA BEACH, FL 32082 Mailing Address

141 SOLANO CAY CIRCLE PONTE VEDRA BEACH, FL 32082



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BENTLEY, PATRICIA Q 141 SOLANO CAY CIRCLE PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

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8. The above the obligation of the statement of the state	tions of registered agent.		ed office or	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
Signature, typed or printed name of registored agent and latte if applicable (NOTE Registered Agent signature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	000000382066 01/11/06-80081-010 150.80	
10.	OFFICERS AND DIREC	CTORS	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTLEY, PATRICIA Q 141 SOLANO CAY CIRCLE PONTE VEDRA BEACH, FL 32082					
TITLE MAME STREET ADDRESS GITY - ST - ZIP						
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS GITY - ST - ZIP						

12. I hereby certify that the information supplied with this filling 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 attackingent with an address, with all other like empowered.

SIGNATURE: Salvina 6 B	enolum		
SIGNATURE AND TYPED OR PRINTS	D NAME OF SIGNING OFFICER OR DIRECTOR	Oale	Daytime Phone #