2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000066632

Entity Name
 QUINA-BENTLEY ENTERPRISES, INC.



FILED Mar 05, 2007 08:00 A 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



02052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0045092

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 little if applicable (NOTE: Registered			d Agent signature	Agent signatura required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000656815 03/14/07-80041-014 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTLEY, PATRICIA Q 141 SOLANO CAY CIRCLE PONTE VEDRA BEACH, FL 32082				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE ' NAME ' STREET ADDRESS					

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: >

CITY - ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-07

Daytime Phone #