


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000086814 1. Entity Name QUADRENT ENTERPRISES, INC.		
Principal Place of Business 1617 COOLING AVENUE MELBOURNE, FL 32935	Mailing Address 1617 COOLING AVENUE MELBOURNE, FL 32935	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent HOFFMAN, MICHAEL 1612 COOLING AVE. MELBOURNE, FL 32935		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, MICHAEL J 1617 COOLING AVENUE MELBOURNE, FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, JOHN D 698 CHALOUPPE STREET, SE PALM BAY, FL 32909	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSGOOD, DAN L 594 CHEROKEE AVENUE MELBOURNE, FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-21-06 <small>Date</small> 321 2597892 <small>Daytime Phone #</small>



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0145176

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

1100000457834
03/14/06-80037-015 150.00

**DO NOT WRITE
IN THIS SPACE**