

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90005 043 ***150.00

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1. Entity Name
QUADRENT ENTERPRISES, INC.



Principal Place of Business
**1617 COOLING AVENUE
MELBOURNE, FL 32935**

Mailing Address
**1617 COOLING AVENUE
MELBOURNE, FL 32935**

40030434



DO NOT WRITE IN THIS SPACE

01312007 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

6. Name and Address of Current Registered Agent

**HOFFMAN, MICHAEL
1617 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOFFMAN, MICHAEL J
STREET ADDRESS	1617 COOLING AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	D
NAME	CARR, JOHN D
STREET ADDRESS	698 CHALOUPPE STREET, SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	D
NAME	OSGOOD, DAN L
STREET ADDRESS	594 CHEROKEE AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-07 321-255-2822
Date Daytime Phone #