


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90099 004 ***150.00

DOCUMENT # P03000090402 1. Entity Name JAMES J. QUANCE INC.			
Principal Place of Business 200 E. BROWARD BLVD. SUITE 1135 FORT LAUDERDALE, FL 33301		Mailing Address 200 E. BROWARD BLVD. SUITE 1135 FORT LAUDERDALE, FL 33301	
2. Principal Place of Business 12366 NW 25TH STREET		3. Mailing Address 12366 NW 25TH STREET	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33065	Country USA	Zip 33065	Country USA
6. Name and Address of Current Registered Agent QUANCE, JAMES J 12366 NW 25TH ST CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) DATE</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUANCE, JAMES J 12366 NW 25TH ST CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>James J. Quance</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5-1-06 877-578-2623 <small>Date Daytime Phone #</small>	