

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-08-2004 90009 050 ***150.00

DOCUMENT # P03000136893

1. Entity Name

QUOTE GOD, INC.



Principal Place of Business

2171 NW 97 STREET
MIAMI FL 33147

Mailing Address

2171 NW 97 STREET
MIAMI FL 33147

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

20-0435874

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAYTEE, WILLIAM A
2171 NW 97 STREET
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

NAME PAYTEE, WILLIAM A
STREET ADDRESS 2171 NW 97 STREET
CITY - ST - ZIP MIAMI FL 33147

TITLE NAME ☐ Delete

NAME PAYTEE, TONYA
STREET ADDRESS 2171 NW 97 STREET
CITY - ST - ZIP MIAMI FL 33147

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William A Paytee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04
Date

305-758-0639
Daytime Phone