## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000142397

Entity Name: QUATRAMAN, INC.

Address:

City-St-Zip:

1822 DEVINE STREET

JACKSON, MS 39202 MS

FILED Jun 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 516 BUNKERS COVE ROAD PANAMA CITY, FL 32401 **Current Mailing Address: New Mailing Address:** 516 BUNKERS COVE ROAD PANAMA CITY, FL 32401 US FEI Number: 20-0585680 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SITTMAN, MARY K 516 BUNKERS COVE ROAD PANAMA CITY, FL 32401 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition YESSMAN, ANN O Name: Name: 319 S. PALO ALTO AVENUE Address: Address: City-St-Zip: PANAMA CITY, FL 32401 US City-St-Zip: Title: Title: () Delete () Change () Addition WELLMAN, KATHY Name: Name: 2107-B DEFOORS FERRY ROAD Address: Address: ATLANTA, GA 30318 US City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition WELLMAN, SUSAN Name: Name: 1822 DEVINE STREET Address: Address: City-St-Zip: JACKSON, MS 39202 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition SITTMAN, DONALD B Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ANN YESSMAN P 06/16/2009