


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90028 019 ***150.00

DOCUMENT # P03000152382	
1. Entity Name CHARLES QUICK CONSTRUCTION INC	

Principal Place of Business 922 THIRD STREET PORT ORANGE, FL 32129	Mailing Address 922 THIRD STREET PORT ORANGE, FL 32129
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2. Principal Place of Business - No P.O. Box # 2532 Westwood AVE <small>State Apt. #, etc.</small>	3. Mailing Address 2532 Westwood AVE <small>Suite, Apt. #, etc.</small>
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City & State New Smyrna B. FL	City & State New Smyrna B. FL
Zip 32168	Zip 32168
Country	Country

40051600



03142007 Chg-P CR2E034 (12/06)

4. FEI Number 33-1078570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent QUICK, CHARLES 922 THIRD STREET PORT ORANGE, FL 32129	
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7. Name and Address of New Registered Agent Name Charles Quick Street Address (P.O. Box Number is Not Acceptable) 2532 Westwood AVE City New Smyrna Beach FL Zip Code 32168	
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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 Charles Quick DATE 3-13-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST QUICK, CHARLES 922 THIRD STREET PORT ORANGE, FL 32129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Charles Quick 2532 Westwood AVE NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Charles Quick Charles Quick	Date 3-18-07 (386) 566-8189 Daytime Phone #