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Secretary of State

08-24-2005 90056 039 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000029710

1. Entity Name
QUARTER FINANCIAL & MANAGEMENT, INC.

Principal Place of Business	Mailing Address
704 GASPARINO CT SEFFNER, FL 33584	704 GASPARINO CT SEFFNER, FL 33584

07072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 594091286 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLE, KATHY L 205 W ML KING BLVD #204 TAMPA, FL 33603	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 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCRIVENS, LAWRENCE 704 GASPARINO CT TAMPA, FL 33584	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SCRIVENS, LAWRENCE 704 GASPARINO CT SEFFNER, FL 33584	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/M SCRIVENS, VOLETTA 704 GASPARINO CT SEFFNER, FL 33584	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/M SCRIVENS, VOLETTA 704 GASPARINO CT SEFFNER, FL 33584	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Lawrence Scrivens 8/19/05 813-245-4045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #