

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90372 013 ***150.00

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1. Entity Name
BRANDT, QUIRK & KEAN, INC.



Principal Place of Business
**644 AUGUSTA BOULEVARD
NAPLES, FL 34113**

Mailing Address
**644 AUGUSTA BOULEVARD
NAPLES, FL 34113**

00050964



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-1666439

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

**MARSALA, CHRISTOPHER ESQ.
3550 E. TAMiami TRAIL
NAPLES, FL 34112**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **BRANDT, CHARLES**
STREET ADDRESS **644 AUGUSTA BLVD**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **President & Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SEC** ☐ Delete
NAME **QUIRK, LAWRENCE J**
STREET ADDRESS **C/O CHARLES BRANDT 644 AUGUSTA BLVD**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **KEAN, TARYN B**
STREET ADDRESS **2248 CURTIS STREET**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **Sec** ☒ Change ☐ Addition
NAME
STREET ADDRESS **18237 CAMELLIA RD**
CITY-ST-ZIP **FORE MYERS, FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 trustee 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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1306 23947-575