

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90021 004 ***150.00

DOCUMENT # P04000139123					
1. Entity Name QUINT K ENTERPRISES INC.					
Principal Place of Business 3062 CYPRESS GARDENS RD. WINTER HAVEN, FL 33884			Mailing Address 3062 CYPRESS GARDENS RD. WINTER HAVEN, FL 33884		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>same</i>		Suite, Apt. #, etc.		01212005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EICHOLTZ, ROBERT L 3954 PLANTATION RD WINTER HAVEN, FL 33884				Name <i>ROBERT L. EICHOLTZ</i> Street Address (P.O. Box Number is Not Acceptable) <i>3062 CYPRESS GARDENS RD</i> City <i>WINTER HAVEN</i> <i>FL</i> Zip Code <i>33884</i>	
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 <i>ROBERT L EICHOLTZ</i> <i>Robert L Eicholtz</i> <i>1-25-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EICHOLTZ, ROBERT L 3062 CYPRESS GARDENS RD. WINTER HAVEN, FL 33884			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EICHOLTZ, KAY L 3062 CYPRESS GARDENS RD. WINTER HAVEN, FL 33884			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
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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"/> Delete	
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: <i>Robert L Eicholtz</i> <i>ROBERT L EICHOLTZ</i> <i>1-25-05</i> <i>863-875-1658</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	