## 2008 FOR PROFIT CORPORATION

**SIGNATURE** 

## Aug 04, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P05000092626 08-04-2008 90031 019 \*\*\*150.00 QUICK INVESTMENT SOLUTIONS INC. Principal Place of Business Mailing Address 60046135 2188 LAKE POINTE CIRCLE 722 S. GROVE ST. SUITE 5 LEESBURG, FL 34748 EUSTIS, FL 32726 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 17 NCentral 7 N Contr Suite, Apt. #, etc 05022008 Chg-P CR2E034 (12/06) City & State City & State 4. FE Number Applied For Unat-1 Imat-16 38-3724203 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Valerie eler ZEELER, VALERIE Street Address (P.O. Box Number is Not Acceptable) 722 S. GROVE ST. SUITE 3 EUSTIS, FL 32726 8. The above named entity submits this statement for the purpose of changing its registered office or agers, or both, in the State of Florida. the obligations of regis SIGNATURE FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change ☐ Addition ZEELER, VALERIE NAME NAME 722 S. GROVE ST., STE 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition ZEELER, VALERIE NAME NAME 722 S. GROVE ST., STE 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP SEC Change ☐ Delete TITLE ZEELER, VALERIE NAME NAME STREET ADDRESS STREET ADDRESS 722 S. GROVE ST., STE 3 CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP TITLE **TRES** Delete TITLE ☐ Addition ZEELER, VALERIE NAME NAME 722 S. GROVE ST., STE 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **EUSTIS, FL 32726** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE Change 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAMÉ STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 let all 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, Florid: 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.

SIGNING OFFICER OR DIRECTOR

**FILED** 

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