

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 25, 2007 08:00 A
Secretary of State**

DOCUMENT # P05000156062

1. Entity Name
QUICK SUPPORT, INC.



Principal Place of Business

**1 UNO LAGO DRIVE
JUNO BEACH, FL 33408**

Mailing Address

**1 UNO LAGO DRIVE
JUNO BEACH, FL 33408**



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3879432

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COZZA, SERGIO
1 UNO LAGO DRIVE
JUNO BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

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 refreshing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	COZZA, SERGIO
STREET ADDRESS	1 UNO LAGO DRIVE
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	VP/D
NAME	COZZA, YOLANDA
STREET ADDRESS	1 UNO LAGO DRIVE
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	T/S
NAME	COZZA, SERGIO
STREET ADDRESS	1 UNO LAGO DRIVE
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/2007 5616268079

Date

Daytime Phone #