

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000008683

1. Entity Name
LEY-QUIN INC



Principal Place of Business
**10627 OLD GROVE CIRCLE
BRADENTON, FL 34208**

Mailing Address
**10627 OLD GROVE CIRCLE
BRADENTON, FL 34208**



07242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4124143

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**QUINTANA, ELIA
10627 OLD GROVE CIRCLE
BRADENTON, FL 34208**

**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 *E Quintana*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/13/08
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

TITLE	P
NAME	QUINTANA, ELIA
STREET ADDRESS	10627 OLD GROVE CIRCLE
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	VP
NAME	QUINTANA, ANA E
STREET ADDRESS	10627 OLD GROVE CIRCLE
CITY-ST-ZIP	BRADENTON, FL 34208
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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08/18/08-80005-006 158.75

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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: *E Quintana*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/13/08
Date

Daytime Phone #