2007 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 13, 2007 8:00 am

DOCUMENT # P06000016956 1. Entity Name CAROLYN QUISTBERG, PA					04-13-2007 90185 030 ***158.75				
Principal Place of Business 5960 SONOMA LANE NAPLES, FL 34119		Mailing Address 5960 SONOMA LANE NAPLES, FL 34119			- Y				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112007 Chg-P CR2E034 (12/06)					
City & State		City & State			4. FELNumber	245 035			plied For
Zip	Country	Zip	Coun	try		f Status Desired	\$	8.75 Add	litional
<u> </u>	6. Name and Address of Currer	nt Registered Agent	<u> </u>	i	7. Name and A	Address of New R			<u> </u>
		-		Name					
523 GOOI	BERNARD P JR DLAND DR W ND, FL 34140			Street Address	(P.O. Box Number	is Not Acceptable	e)		
	1.0%			City			rı	Zip Code	9
4	a single	<u> </u>				., . ,	FL		
the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing i	ts registere	ed office of registi	lered agent, or odin	i, in the State of Fig			
the obliga	tions of registered agent.	ent and trile if applicable. (NC 9. Election Camp	ore: Registere	nd Agent agnature requir		, in the State of Fi	OATE		
the obliga SIGNATURE. FIL After M	Soneture, typed or printed name of registered age E NOW!!! FEE IS \$150.00 BY 1, 2007 Fee will be \$550	9, Election Camp Trust Fund Co	ote: Registere paign Finar ntribution.	nd Agent agnature requir	5.00 May Be		OATE		S IN 11
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SIGNATURE. FIL After M 10. TITLE NAME STREET ADDRESS	Soneture, typed or printed neme of registered age E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550 OFFICERS AN D QUISTBERG, CAROLYN 5960 SONOMA LANE	9. Election Camp Trust Fund Co	DITE: Registere paign Finan ntribution. 11. TILE NAM STRE CITY TITLE NAM STRE	Ad Agent signature requirements and Adent signature requirements and Adoleses -ST-ZIP	5.00 May Be		OATE	DIRECTORS	
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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.

IGNATURE:

Carolyn Quistberg 4/10/07 339.353.8585

BIGNATURE AND TYPED OR PROVIDED NAME OF SHAND OFFICER OR DIRECTOR