

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081487

Entity Name: JPQ, INC.

FILED  
Jan 18, 2009  
Secretary of State

## Current Principal Place of Business:

1251 WELSON RD.  
ORLANDO, FL 32837 US

## New Principal Place of Business:

2911 STONE GLEN WAY  
APT #113  
WINTER PARK, FL 32792 US

## Current Mailing Address:

1251 WELSON RD.  
ORLANDO, FL 32837 US

## New Mailing Address:

2911 STONE GLEN WAY  
APT #113  
WINTER PARK, FL 32792 US

FEI Number: 20-5621868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: QUINTAVALLI, JOSEPH  
Address: 1251 WELSON RD.  
City-St-Zip: ORLANDO, FL 32837 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: QUINTAVALLI, JOSEPH  
Address: 2911 STONE GLEN WAY #113  
City-St-Zip: WINTER PARK, FL 32792 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH QUINTAVALLI

D

01/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date