

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000077625

1. Entity Name

BUDGET INSURANCE OF QUINCY, INC.



Principal Place of Business

1904 OLD BAINBRIDGE RD
TALLAHASSEE, FL 32303

Mailing Address

1904 OLD BAINBRIDGE RD
TALLAHASSEE, FL 32303



07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3337922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KREMKAU, KRISTOPHER S
40 ONEAL WAY
HAVANA, FL 32333

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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 KREMKAU, KRISTOPHER S
STREET ADDRESS 40 ONEAL WAY
CITY - ST - ZIP HAVANA, FL 32333

TITLE S/T
NAME WORKMAN, PEGGY S
STREET ADDRESS 2813 FITZPATRICK DR
CITY - ST - ZIP TALLAHASSEE, FL 32308

TITLE VP
NAME KREMKAU, ROBERT W JR
STREET ADDRESS 16510 SID COLLINS RD
CITY - ST - ZIP TALLAHASSEE, FL 32310

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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07/21/05-80002-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

K. SEPT KREMKAU

Date

7/13/05

Daytime Phone #

850 297 1815