

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90032 010 \*\*\*150.00

**DOCUMENT # P95000096248**

1. Entity Name  
**DYNAMIC QUANTUM MARKETING COMPANY**



Principal Place of Business  
**1088 N CIRCLE DR  
 CRYSTAL RIVER, FL 34429**

Mailing Address  
**1088 N CIRCLE DR  
 CRYSTAL RIVER, FL 34429**

2. Principal Place of Business  
**5345 Southwick Dr**

3. Mailing Address  
**3203 Lake Ridge Dr**

Suite, Apt. #, etc.  
**D**

City & State  
**TAMPA FL**

City & State  
**Dubuque Iowa**

Zip  
**33624**

Country  
**Hillsborough**

Zip  
**52003**

Country  
**Dubuque**



03212004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**GILSON, THEODORE R  
 1088 N CIRCLE DR  
 CRYSTAL RIVER, FL 34429**

4. FEI Number  
**59-3351659**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
**THEODORE R. GILSON**

Street Address (P.O. Box Number is Not Acceptable)  
**5345 Southwick Dr**

City  
**TAMPA**

FL Zip Code  
**33624**

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: **THEODORE R. GILSON** (NOTE: Registered Agent signature required when reinstating) DATE: **3/21/2004**

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS   | CITY-ST-ZIP             | SD                                  | Delete                   |
|-------|--------------------|------------------|-------------------------|-------------------------------------|--------------------------|
|       | GILSON, JEYTE B    | 1088 N CIRCLE DR | CRYSTAL RIVER, FL 34429 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|       | GILSON, THEODORE R | 1088 N CIRCLE DR | CRYSTAL RIVER, FL 34429 | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                    |                  |                         | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                    |                  |                         | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                    |                  |                         | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                    |                  |                         | <input type="checkbox"/>            | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE       | NAME              | STREET ADDRESS    | CITY-ST-ZIP     | Change                              | Addition                            |
|-------------|-------------------|-------------------|-----------------|-------------------------------------|-------------------------------------|
| <b>VPD</b>  | Gilson, Robert S. | 5345 Southwick Dr | TAMPA, FL 33624 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>PSTD</b> |                   | 5345 Southwick Dr | TAMPA, FL 33624 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|             |                   |                   |                 | <input type="checkbox"/>            | <input type="checkbox"/>            |
|             |                   |                   |                 | <input type="checkbox"/>            | <input type="checkbox"/>            |
|             |                   |                   |                 | <input type="checkbox"/>            | <input type="checkbox"/>            |
|             |                   |                   |                 | <input type="checkbox"/>            | <input type="checkbox"/>            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **THEODORE R. GILSON** DATE: **3/21/2004** DAYTIME PHONE #: **563-213-0865**