


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 27, 2005 8:00 am  
Secretary of State

04-27-2005 90279 050 \*\*\*150.00

DOCUMENT # P96000041323  
1. Entity Name  
QUILL & MOUSE STUDIOS, INC.



Principal Place of Business  
2165 SUNNYDALE BLVD  
SUITE E  
CLEARWATER, FL 33765 US

Mailing Address  
2165 SUNNYDALE BLVD  
SUITE E  
CLEARWATER, FL 33765 US

2. Principal Place of Business  
1901 N. HIGHLAND AVE.  
Suite, Apt. #, etc.

3. Mailing Address  
1901 N. HIGHLAND AVE.  
Suite, Apt. #, etc.

City & State  
CLEARWATER, FL


City & State  
CLEARWATER, FL

Zip  
33765

Country  
USA

Zip  
33765

Country  
USA



01102005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
FOSTER, PAUL M  
6254 BONAIRE AVENUE  
NEW PORT RICHEY, FL 34653

4. FEI Number  
59-3383045

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
1901 N. HIGHLAND AVE  
City CLEARWATER FL Zip Code 33765

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FOSTER, PAUL M 6254 BONAIRE AVENUE NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1901 N. HIGHLAND AVE. CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER, NANCY J 6254 BONAIRE AVENUE NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1901 N. HIGHLAND AVE. CLEARWATER, FL 33765
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  1/10/05 727 442 8487  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #