2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000060210

1. Entity Name
EDMUND D. QUINTANA, P.A.

Principal Place of Business	Mailing Address
201 E 4TH ST	201 E 4TH ST
PANAMA CITY, FL 32405 US	PANAMA CITY, FL 32401 US

04112006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
59-3390454		Not Applicable

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

6. Name and Address of Current Registered Agent

QUINTANA, EDMUND D
201 E 4TH ST
PANAMA CITY, FL 32401

DO NOT WRITE 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 After May 1, 2006 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U00000502863 04/26/06-80006-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	QUINTANA, EDMUND D
STREET ADDRESS	201 E 4TH ST
CITY-ST-ZIP	PANAMA CITY, FL 32401

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   4/11/2006   850 763 1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #