2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000022519

Entity Name: MR. QUICK LOAN, INC.

Title:

Name:

Address:

City-St-Zip:

FILED Jan 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11923 DR MARTIN LUTHER KING JR BLVD SEFFNER, FL 33584 **Current Mailing Address: New Mailing Address:** 11923 DR MARTIN LUTHER KING JR BLVD SEFFNER, FL 33584 FEI Number: 59-3540386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASAGRANDE, MICHAEL 11923 DR MARTIN LUTHER KING JR BLVD SEFFNER, FL 33584 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CASAGRANDE, MICHAEL Name: Name: 11923 DR MARTIN L KING JR BLVD Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: CASAGRANDE, PIERRE Name: CASAGRANDE, PIERRE 118 PHILLIPS DR 11910 PARK AVE Address: Address: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584 City-St-Zip: Title: Title: () Delete () Change () Addition DE LA FUENTE, ANNE Name: Name: 4022 LAKE DR Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL CASAGRANDE D 01/03/2008

() Delete

CASAGRANDE, JOSETTE

118 PHILLIPS DR

SEFFNER, FL 33584

(X) Change () Addition

CASAGRANDE, JOSETTE

11910 PARK AVE

SEFFNER, FL 33584