

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90069 048 ***150.00

DOCUMENT # P98000006626

1. Entity Name
THE QUACK, INC.



Principal Place of Business
**1025 ANCHOR POINT
DELRAY BEACH, FL 33444**

Mailing Address
**1025 ANCHOR POINT
DELRAY BEACH, FL 33444**

2. Principal Place of Business
1080 Lake Dr
Suite, Apt. #, etc.

3. Mailing Address
1080 Lake Drive
Suite, Apt. #, etc.



02022006 Chg-P CR2E034 (11/05)

City & State
DeLRAY Beach, FL
Zip **33444** Country **USA**

City & State
DeLRAY Beach FL
Zip **33444** Country **USA**

4. FEI Number
65-0816387

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BICE, TIMOTHY
1025 ANCHOR POINT
DELRAY BEACH, FL 33444**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1080 Lake Dr
City **DeLRAY Beach** **FL** Zip Code **33444**

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 **T. Bice Res.** DATE **2-3-06**
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BICE, TIM	
STREET ADDRESS	1025 ANCHOR POINT	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BICE, JEANNE	
STREET ADDRESS	798 AZALEA ST	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	T	<input type="checkbox"/> Delete
NAME	BICE, KARIN	
STREET ADDRESS	1025 ANCHOR POINT	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	S	<input type="checkbox"/> Delete
NAME	BICE, LEE	
STREET ADDRESS	17775 COVEY TR	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1080 Lake Drive	
STREET ADDRESS	DeLRAY Beach, FL 33444	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1230 Spanish River Rd	
STREET ADDRESS	Boca Raton, FL 33432	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1080 Lake Drive	
STREET ADDRESS	DeLRAY Beach, FL 33444	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **T. Bice Res.** DATE **2/3/06** DAYTIME PHONE # **561-243-9112**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR