

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000085686

1. Entity Name
QUANTUM HOLDING GROUP, INC.



Principal Place of Business
2400 HIGH RIDGE RD
STE 100
BOYNTON BEACH, FL 33426

Mailing Address
2400 HIGH RIDGE RD
STE 100
BOYNTON BEACH, FL 33426



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3547040

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DISHER, SCOTT B
2400 HIGH RIDGE RD
STE 100
BOYNTON BEACH, FL 33426

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME DISHER, SCOTT B
STREET ADDRESS 2400 HIGH RIDGE RD STE 100
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE D
NAME CAPONIGRO, CHRISTOPHER
STREET ADDRESS 2400 HIGH RIDGE RD STE 100
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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08/17/05-80003-009 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Disher

8/11/05

Date

561 733 8800

Daytime Phone #