## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 23, 2004 08:00 AM Secretary of State

| DOCUMENT # P99000018596  1. Entity Name PD QUIK ENTERPRISES, INC.  |  |  |                               |   | -   |  |
|--|--|--|-------------------------------|---|---|--|
| Principal Place of Business  1348 AUGUSTA NATIONAL BOULEVARD WINTER SPRINGS, FL 32708  Mailing Address  5703 RED BUG LAKE RO SUITE 162 WINTER SPRINGS, FL 32 |  |  |                               |   |   |  |
| DO NOT WRITE IN THIS SP  |  |  | CE.                           | 02172004 No Chg- 4. FEI Number 59-3559374  5. Certificate of Status Des | P CR2E034 (10/03)  Applied For Not Applicable |  |
| HALL, DAVID E<br>1348 AUGUSTA NATIONAL BLVD.<br>WINTER SPRINGS, FL 32708   |  |  | DO NOT WRITE IN THIS SPACE    |   |   |  |
| SIGNATURE.   | Species, typed or printed name of registered agent.  Species, typed or printed name of registered agent.  E NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550. | ont and title 4 applicable. (RECTE: Register)  9. Election Campaign Fina | ad Agent signature required . |   | of Florida. I am familiar with, and accept    |  |
| TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AND D HALL, DAVID E 1348 AUGUSTA NATIONAL BI WINTER SPRINGS, FL 32708   |  |                               |   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>HALL, PEGGY G<br>1348 AUGUSTA NATIONAL BOULEVARD<br>WINTER SPRINGS, FL 32708  |  |                               | (000000051155<br>02-3204-90328-010 ISO.O                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                               |   | WRITE   |  |
| TITLE<br>HAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |                               |   | SPACE   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |                               |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP  |  |  |                               |   |   |  |

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 till changed, or on an attachment with an address, with all other like empowered.

SIGNIATURE:

SIGNATURE:

TIGAY G WILLIAM OF SIGNING OFFICER OR DIRECTOR