
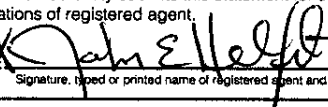
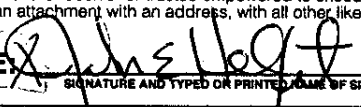


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90013 046 ***158.75

DOCUMENT # P99000109327 1. Entity Name QUADJAE ENTERPRISES, INC.					
Principal Place of Business 2450 GARCON POINT ROAD MILTON, FL 32583			Mailing Address P O BOX 461 MILTON, FL 32571		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2450 Garcon Point Rd. Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-3615629	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State Zip		City & State Zip		6. Name and Address of Current Registered Agent HELFEF, JOHN E 2450 GARCON POINT ROAD MILTON, FL 32583	
City & State Zip		City & State Zip		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
Country		Country		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:  John E Helfert, President 3/5/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Country		Country		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PST HELFEF, JOHN E 2450 GARCON POINT RD MILTON, FL 32583			VP JoAnn Helfert 2450 Garcon Point Road Milton, Fl 32583		
VP PITTS, JOHNNY J 8994 HICKORY HAMMOCK RD MILTON, FL 32583			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
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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:  John E Helfert, PST <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(850) 232-1614 03/05/04 <small>Date Daytime Phone #</small>		

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