2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # V45097

1. Entity Name
WALTER QUINTYN CONSULTING ENGINEER, INC.

Principal Place of Business	Mailing Address
679 SW 17 TERR HOMESTEAD, FL 33030 US	679 SW 17TH TERR HOMESTEAD, FL 33030 US

04222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0366706
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HYMAN, GEORGE R.
4200 NW 35TH AVE.
SUITE 11
LAUDERDALE LAKES, FL 33309

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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 _____ DATE
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	PD
NAME	QUINTYN, WALTER H.
STREET ADDRESS	679 SW 17 TERR
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	SD
NAME	QUINTYN, AGGREY
STREET ADDRESS	679 SW 17 TERR
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	TD
NAME	KERLIN, QUINTYN
STREET ADDRESS	679 SW 17 TERR
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000539602
05/09/06-80104-020 158.75

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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: _____ April 28th 06 305 248 7250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #