

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2007 08:00 A
Secretary of State

DOCUMENT # V45097 1. Entity Name WALTER QUINTYN CONSULTING ENGINEER, INC.	
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Principal Place of Business 679 SW 17 TERR HOMESTEAD, FL 33030 US	Mailing Address 679 SW 17TH TERR HOMESTEAD, FL 33030 US
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DO NOT WRITE IN THIS SPACE



05112007 No Chg-P CR2E034 (11/05)

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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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 _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTYN, WALTER H. 679 SW 17 TERR HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUINTYN, AGGREY 679 SW 17 TERR HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KERLIN, QUINTYN 679 SW 17 TERR HOMESTEAD, FL 33030
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IN THIS SPACE**

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: Walter Quintyn May 10th 2007 305-248-7150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #