

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90004 007 \*\*\*150.00

**DOCUMENT # P03000150728**

1. Entity Name  
**QUINN PRECISION ENGINEERING SERVICES, INC.**



Principal Place of Business      Mailing Address  
**1510 INDUSTRIAL DRIVE.**      **1510 INDUSTRIAL DRIVE.**  
**NEW SYMRNA BEACH, FL 32168**      **NEW SYMRNA BEACH, FL 32168**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



07252006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**41-2119298**      Not Applicable

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

6. Name and Address of Current Registered Agent

**GAMBERT, WILLIAM N**  
**729 N. PENINSULA AV.**  
**DAYTONA BEACH, FL 32118**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \$550.00**  
**Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	QUINN, JAMES S	
STREET ADDRESS	3556 JOHN ANDERSON DR.	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	QUINN, FIONA M	
STREET ADDRESS	3556 JOHN ANDERSON DR.	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William J. Benedix	
STREET ADDRESS	1510 Industrial Drive,	
CITY-ST-ZIP	New Smyrna Beach, Florida 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William J. Benedix*      6/18/06