2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000078597

QUIXOTIC INVESTMENT HOLDINGS, INC.



Principal Place of Business

Mailing Address

1634 MAIN ST

SARASOTA, FL 34236 US

P.O. BOX 3319 SARASOTA, FL 34236

US

FILED May 01, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04282008 No Cha-P

CR2E034 (11/05)

4. FEI Number 65-0528549

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAMIGLIO, GEORGE V JR **1634 MAIN ST** SARASOTA, FL 34236

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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.

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, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U000000940023 05/28/08-80050-015 150.00

OFFICERS AND DIRECTORS 10. TITLE FAMIGLIO, MARK P NAME % 1900 RINGLING ST. STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS CITY-ST-ZIP THIE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

DO NOT WRITE IN THIS SPACE

12. Thereby 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 and accurate 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 attachmen other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale

Daytime Phone #