


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90027 003 \*\*\*150.00

<b>DOCUMENT # 377692</b> 1. Entity Name <b>QUICKWAY STORES, INC.</b>																													
Principal Place of Business <b>2405 RUTH HENTZ PANAMA CITY, FL 32405</b>			Mailing Address <b>P.O. BOX 15819 PANAMA CITY, FL 32406</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip		City & State  Zip		4. FEI Number <b>59-1492166</b>																									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>MCQUAIG, CYNTHIA 5001 HIGHPOINT PANAMA CITY, FL 32404</b>				7. Name and Address of New Registered Agent Name <b>Cynthia McQuaig</b> Street Address (P.O. Box Number is Not Acceptable) <b>2604 Shadow Ridge Ct.</b> City <b>Lynn Haven, FL</b> FL Zip Code <b>32444</b>																									
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: <u><i>Cynthia McQuaig</i></u> <span style="float: right;">1/24/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PT</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCQUAIG, CYNTHIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2604 SHADOW RIDGE CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LYNN HAVEN, FL 32444</td> <td></td> </tr> </table>			TITLE	PT	<input type="checkbox"/> Delete	NAME	MCQUAIG, CYNTHIA		STREET ADDRESS	2604 SHADOW RIDGE CT		CITY-ST-ZIP	LYNN HAVEN, FL 32444		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VS</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Register, Richard D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3635 Old US Road</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Marianna, FL 32446</td> <td></td> </tr> </table>			TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Register, Richard D		STREET ADDRESS	3635 Old US Road		CITY-ST-ZIP	Marianna, FL 32446	
TITLE	PT	<input type="checkbox"/> Delete																											
NAME	MCQUAIG, CYNTHIA																												
STREET ADDRESS	2604 SHADOW RIDGE CT																												
CITY-ST-ZIP	LYNN HAVEN, FL 32444																												
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	Register, Richard D																												
STREET ADDRESS	3635 Old US Road																												
CITY-ST-ZIP	Marianna, FL 32446																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>REGISTER, RICHARD D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2951 HERITAGE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MARIANNA, FL 32448</td> <td></td> </tr> </table>			TITLE	VS	<input type="checkbox"/> Delete	NAME	REGISTER, RICHARD D.		STREET ADDRESS	2951 HERITAGE RD		CITY-ST-ZIP	MARIANNA, FL 32448		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete																											
NAME	REGISTER, RICHARD D.																												
STREET ADDRESS	2951 HERITAGE RD																												
CITY-ST-ZIP	MARIANNA, FL 32448																												
TITLE	VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	VS	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	VS	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	VS	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	VS	<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: <u><i>Cynthia McQuaig</i></u> <span style="float: right;">1/24/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													