2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 421845

Entity Name: TED A. O'QUINN INC

FILED Apr 13, 2005 Secretary of State

| Current Principal Place of Business: New P | rincipal Place of Business: |
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2900 LAKEPOINT DR

MELBOURNE, FL 329347736 US

Current Mailing Address: New Mailing Address:

2900 LAKEPOINT DR

MELBOURNE, FL 329347736 US

FEI Number: 59-1475528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'QUINN, TED A O'QUINN, TED A 2900 LAKEPOINT DR 2900 LAKEPOINT DR

MELBOURNE, FL 32934 MELBOURNE, FL 329347736 US US

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.

SIGNATURE: 04/13/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: O'QUINN, TED A., O'QUINN, TED A., Name: Name: 2900 LAKEPOINT DR 2900 LAKEPOINT DR Address: Address:

City-St-Zip: MELBOURNE, FL City-St-Zip: MELBOURNE, FL 329347736 US

Title: Title: (X) Change () Addition () Delete Name:

O'QUINN, RICKY D., Name: O'QUINN, RICKY D., 3610 HARLOCK RD 3610 HARLOCK RD Address: Address:

MELBOURNE, FL MELBOURNE, FL 329348409 US City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

O'QUINN, ANNE E., Name: O'QUINN, ANNE E., Name: 2900 LAKEPOINT DR 2900 LAKEPOINT DR Address: Address:

City-St-Zip: MELBOURNE, FL City-St-Zip: MELBOURNE, FL 329347736 US

() Delete Title: Title: (X) Change () Addition

O'QUINN, RODNEY S O'QUINN, RODNEY S Name: Name: Address: 3610 HARLOCK RD Address: 3620 HARLOCK RD

City-St-Zip: City-St-Zip: MELBOURNE, FL MELBOURNE, FL 329348409 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE E. O'QUINN S 04/13/2005