


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000002976

1. Entity Name
 QUINN CAPITAL CORP.



Principal Place of Business
 C/O WILLIAM E. QUINN
 340 S. US HWY 1, APT 301
 JUPITER, FL 33477

Mailing Address
 C/O WILLIAM E. QUINN
 340 S. US HWY 1, APT 301
 JUPITER, FL 33477



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 11-1215940 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

QUINN, WILLIAM E
 340 S. US HWY 1 APT., 301
 JUPITER, FL 33477

DO NOT WRITE 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 _____
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

1100000117810
 04/19/04-80033-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUINN, WILLIAM E
STREET ADDRESS	340 S. US HWY 1 APT. 301
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **4/15/04** 5617430859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #