


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000002976**  
 1. Entity Name  
**QUINN CAPITAL CORP.**



Principal Place of Business <b>C/O WILLIAM E. QUINN          340 S. US HWY 1, APT 301          JUPITER, FL 33477</b>	Mailing Address <b>C/O WILLIAM E. QUINN          340 S. US HWY 1, APT 301          JUPITER, FL 33477</b>
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

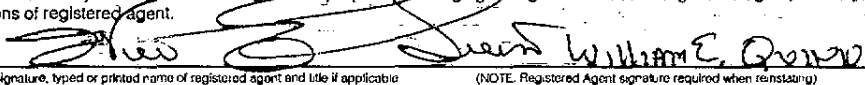
4. FEI Number <b>11-1215940</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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:  **William E. Quinn** DATE: **3/11/05**

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, 2005 Fee will be \$550.00**


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD QUINN, WILLIAM E 340 S. US HWY 1 APT. 301 JUPITER, FL 33477
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**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:  DATE: **MARCH 11, 2005** DAYTIME PHONE #: **561 743 0899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR