

**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  
 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



01052005 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: *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	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	

1100000262817  
 03/14/05-80072-003 150.00

**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: *William E. Quinn* DATE: MARCH 11, 2005 DAYTIME PHONE #: 561 743 0899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR