

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90045 019 ***150.00

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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # J45479					
1. Entity Name QUINN CONTRACTORS, INC.					
Principal Place of Business 2893 BIG SKY BLVD KISSIMMEE, FL 34744			Mailing Address 2893 BIG SKY BLVD KISSIMMEE, FL 34744		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-2750229				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
QUINN, DANNY 2893 BIG SKY BLVD KISSIMMEE, FL 34744				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	PST	<input type="checkbox"/> Delete			
NAME	QUINN, DANNY				
STREET ADDRESS	2893 BIG SKY BLVD				
CITY-ST-ZIP	KISSIMMEE, FL				
TITLE	D	<input type="checkbox"/> Delete			
NAME	QUINN, DANNY				
STREET ADDRESS	2893 BIG SKY BLVD				
CITY-ST-ZIP	KISSIMMEE, FL				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	QUINN, DANIEL R				
STREET ADDRESS	5700 SWEET HEART CT.				
CITY-ST-ZIP	ST. CLOUD, FL 34472				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<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 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 duly empowered.					
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
DANNY QUINN, PRES. 1/13/05 407-957-5022					