

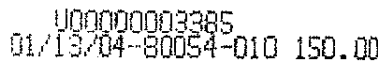
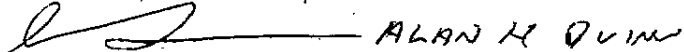


FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # J85699 1. Entity Name ALAN H. QUINN, P.A.				Jan 12, 2004 08:00 AM Secretary of State		
Principal Place of Business 1455 COVERED BRIDGE DRIVE DELAND, FL 32724		Mailing Address 1455 COVERED BRIDGE DRIVE DELAND, FL 32724				
DO NOT WRITE IN THIS SPACE						
				01062004 No Chg-P CR2E034 (10/03)		
		4. FEI Number 59-2835730		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 QUINN, ALAN H. 1455 COVERED BRIDGE DRIVE DELAND, FL 32724		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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE				
TITLE	D					
NAME	QUINN, ALAN H.					
STREET ADDRESS	1455 COVERED BRIDGE DR.					
CITY - ST - ZIP	DELAND, FL					
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
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)(f), 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:  ALAN H QUINN 1/7/04						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						