

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J85699

1. Entity Name
ALAN H. QUINN, P.A.



FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90027 032 ***150.00

40000269



01062005 Chg-P CR2E034 (10/03)

Principal Place of Business
1455 COVERED BRIDGE DRIVE
DELAND, FL 32724

Mailing Address

1455 COVERED BRIDGE DRIVE
DELAND, FL 32724

2. Principal Place of Business
8374 COZUMEL LANE
Suite, Apt. #, etc.

3. Mailing Address

8374 COZUMEL LANE
Suite, Apt. #, etc.

City & State
WELLINGTON FL

City & State
WELLINGTON FL

Zip 33414 Country Palm Beach

Zip 33414 Country Palm Beach

6. Name and Address of Current Registered Agent

QUINN, ALAN H.
1455 COVERED BRIDGE DRIVE
DELAND, FL 32724

Name

Street Address (P.O. Box Number is Not Acceptable)
8374 COZUMEL LANE

City WELLINGTON

FL Zip Code 33414

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)

1/8/05

DATE

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 D Delete
NAME QUINN, ALAN H.
STREET ADDRESS 1455 COVERED BRIDGE DR.
CITY-ST-ZIP DELAND, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 8374 COZUMEL LANE
WELLINGTON FL 33414

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN H. QUINN

1/8/05

Date

Daytime Phone #