

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J85699

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



**FILED
Jan 10, 2007 8:00 am
Secretary of State**

01-10-2007 90048 042 ***150.00

| | |
|--|--|
| Principal Place of Business 8374 COZUMEL LN WELLINGTON, FL 33414 | Mailing Address 8374 COZUMEL LN WELLINGTON, FL 33414 |
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|--|--|
| 2. Principal Place of Business - No P.O. Box # 3830 NETHERLEE WAY | 3. Mailing Address 3830 NETHERLEE WAY |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------------|-------------------------------|
| City & State WELLINGTON FL | City & State WELLINGTON FL |
| Zip 33467 | Country Palm Beach |
| Zip 33467 | Country Palm Beach |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent QUINN, ALAN H 3830 NETHERLEE WAY WELLINGTON, FL 33462 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | FL Zip Code |

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 restating)

DATE

1/7/07

| | |
|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| | | | |
|--|-----------------------------------|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/7/07

Date

Daytime Phone #



01052007 Chg-P CR2E034 (12/06)