

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000037630

1. Entity Name
WILLIAM J. QUINN, INC.



Principal Place of Business
**990 OLD DIXIE HWY
BAY #7
LAKE PARK, FL 33403**

Mailing Address
**990 OLD DIXIE HWY
BAY #7
LAKE PARK, FL 33403**

DO NOT WRITE IN THIS SPACE



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1089214

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**QUINN, WILLIAM J
990 OLD DIXIE HWY, #7
LAKE PARK, FL 33403**

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME QUINN, WILLIAM J
STREET ADDRESS 11095 59TH STREET NORTH
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE D
NAME QUINN, ROBIN
STREET ADDRESS 11095 59TH STREET NORTH
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE D
NAME MOUNCE, JESSE
STREET ADDRESS 11095 59TH STREET NORTH
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000667369
03/26/07-80025-020 150.00

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IN THIS SPACE**

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

3/13/07

Date

Daytime Phone # _____