

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90008 046 ***158.75

DOCUMENT # P03000051891

1. Entity Name
SHAWN M. QUIRK, INC.



Principal Place of Business
**5456 GINGER COVE DRIVE, APT H
 TAMPA FL 33624**

Mailing Address
**5456 GINGER COVE DRIVE, APT H
 TAMPA FL 33624**

2. Principal Place of Business
5456 GINGER COVE DRIVE, APT. A
 Suite, Apt. #, etc.
APT. A

3. Mailing Address
5456 GINGER COVE DRIVE
 Suite, Apt. #, etc.
APT. A

City & State
TAMPA, Florida

City & State
TAMPA, Florida

Zip
33634

Country



MOORE CR2E034 (11/03)

4. FEI Number _____ Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**QUIRK, PAMELA
 5456 GINGER COVE DRIVE
 TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name **Quirk, PAMELA**

Street Address (P.O. Box Number is Not Acceptable)
5456 GINGER COVE DRIVE APT. A

City **TAMPA** FL Zip Code **33634**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

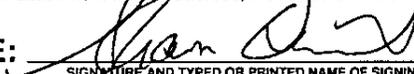
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUIRK, PAMELA 5456 GINGER COVE DRIVE TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIRK, SHAWN 5456 GINGER COVE DRIVE TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Quirk, Pamela 5456 GINGER COVE DR. APT. A TAMPA, FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Quirk, SHAWN 5456 GINGER COVE DR. APT. A TAMPA, FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  **SHAWN Quirk** 2/11/04 813-886-1505
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #