

# 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

Mailing Address

5456 GINGER COVE DRIVE, APT H  
TAMPA FL 33624

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

City & State

TAMPA, Florida

Zip  
33634

Country

3. Mailing Address

5456 GINGER COVE DRIVE

Suite, Apt. #, etc.

APT. A

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

7. Name and Address of New Registered Agent

QUIRK, PAMELA  
5456 GINGER COVE DRIVE  
TAMPA FL 33624

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

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TD ☐ Delete  
NAME QUIRK, PAMELA  
STREET ADDRESS 5456 GINGER COVE DRIVE  
CITY-ST-ZIP TAMPA FL 33624

TITLE TD ☒ Change ☐ Addition  
NAME Quirk, Pamela  
STREET ADDRESS 5456 GINGER COVE DR. APT. A  
CITY-ST-ZIP TAMPA, FL 33634

TITLE PD ☐ Delete  
NAME QUIRK, SHAWN  
STREET ADDRESS 5456 GINGER COVE DRIVE  
CITY-ST-ZIP TAMPA FL 33624

TITLE PD ☒ Change ☐ Addition  
NAME Quirk, SHAWN  
STREET ADDRESS 5456 GINGER COVE DR. APT. A  
CITY-ST-ZIP TAMPA, FL 33634

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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 another like empowered.

SIGNATURE:

*Shawn Quirk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAWN QUIRK

2/7/04

Date

813-886-1505

Daytime Phone #