

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90116 023 ***150.00

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1. Entity Name

ELDRED R. O'QUINN, P.A.



Principal Place of Business

5378 JOYNER AVE.
SPRING HILL FL 34608

Mailing Address

27 EAST ORANGE ST.
TARPON SPRINGS FL 34608

2. Principal Place of Business

3. Mailing Address

5378 JOYNER AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SPRING HILL, FL

4. FEI Number

56-2353644

Applied For

Not Applicable

Zip

Country

Zip

Country

34608

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

KLIMIS, GEORGE N
27 EAST ORANGE ST.
TARPON SPRINGS FL 34689

Name

O'QUINN, ELDRED R.

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

5378 JOYNER AVENUE

City

SPRING HILL

FL

Zip Code

34608

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

Eldred R. Quinn PA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-04

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 D ☐ Delete
NAME O'QUINN, ELDRED R
STREET ADDRESS 5378 JOYNER AVE.
CITY-ST-ZIP SPRING HILL FL 34608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/S/T ☐ Change ☐ Addition
NAME O'QUINN, ELDRED R.
STREET ADDRESS 5378 JOYNER AVENUE
CITY-ST-ZIP SPRING HILL, FL 34608

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

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

TITLE ☐ Change ☐ Addition
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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:

Eldred R. Quinn ELDRED R. O'QUINN

Date

Daytime Phone #