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**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000071600</b>		
1. Entity Name BRIAN C. QUIMBY, INC.		
Principal Place of Business 3904 MEADOWCREEK DR SARASOTA, FL 34232	Mailing Address 3904 MEADOWCREEK DR SARASOTA, FL 34232	
<b>DO NOT WRITE IN THIS SPACE</b>		
		03212005 No Chg-P CR2E034 (10/03)
4. FEI Number 56-2374310		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  QUIMBY, BRIAN 3904 MEADOWCREEK DR SARASOTA, FL 34232		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>		1000000274310 03/24/05-80030-009 150.00 DATE
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIMBY, BRIAN 3904 MEADOW CREEK DR SARASOTA, FL 34233	<b>DO NOT WRITE IN THIS SPACE</b>
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Pres. Brian Quimby 3/2/05 941-342-6445 Date Daytime Phone *