


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000150161		
1. Entity Name QUINN ORGANIZATION INC.		
Principal Place of Business 518 HARBOR PT BLVD ORLANDO FL 32835	Mailing Address 518 HARBOR PT BLVD ORLANDO FL 32835	

FILED
Sep 04, 2008 08:00 AM
Secretary of State



07212008 No Chg-P CR2E034 (11/05)

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4. FEI Number 56-2504016	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STAKER, ROBERT Q
518 HARBOR PT BLVD
ORLANDO, FL 32835

DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAKER, ROBERT Q 518 HARBOR PT BLVD ORLANDO, FL 32835
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09/04/08-80003-017.150.00

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 I am empowered.

SIGNATURE: Robert Q Staker 7-17-08 321-231-4632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #