

## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000073298

Entity Name: MILL-IT BY QUINN, INC.

FILED  
Oct 31, 2008  
Secretary of State

### Current Principal Place of Business:

107 SHORE DRIVE  
LONGWOOD, FL 32779

### New Principal Place of Business:

965 SUNSHINE LANE  
ALTAMONTE SPRINGS, FL 32714

### Current Mailing Address:

107 SHORE DRIVE  
LONGWOOD, FL 32779

### New Mailing Address:

965 SUNSHINE LANE  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-2866819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### Name and Address of Current Registered Agent:

SMITH, LANCE D  
2781 WEST STATE ROAD 434  
LONGWOOD, FL 32779 US

### Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

### OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: QUINN, EDWARD T  
Address: 107 SHORE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHM (X) Change ( ) Addition  
Name: QUINN, EDWARD T  
Address: 107 SHORE DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

Title: PRES ( ) Change (X) Addition  
Name: QUINN, EDWARD THOMAS  
Address: 858 HAVEN OAK CT.  
City-St-Zip: APOPKA, FL 32703 US

Title: S/T ( ) Change (X) Addition  
Name: MOJZISIK, KACEY QUINN  
Address: 3426 WESTFORD DR.  
City-St-Zip: APOPKA, FL 32712 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD T. QUINN

CHM

10/31/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date