

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-12-2007 90032 049 ***150.00

DOCUMENT # P06000013885					
1. Entity Name QUICKCUPS, INC.					
Principal Place of Business 19 RIBERIA STREET ST. AUGUSTINE, FL 32084			Mailing Address 19 RIBERIA STREET ST. AUGUSTINE, FL 32084		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number Applied for	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLES, JR., JOSEPH L 19 RIBERIA STREET ST. AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: 4-3-07 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOLES, JR., JOSEPH <input type="checkbox"/> Delete 19 RIBERIA STREET ST. AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 like empowered.					
SIGNATURE: 4-6-07 904-823-9106 <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

66014701

QuickCups, Inc.

06000013885

10875 Old Dixie Highway

Suite 1

Ponte Vedra, Florida 32081

904-823-9106 Phone

904-823-9024 Fax

Division of Corporations

P.O.Box 1500

Tallahassee, Florida 32302-1500

May 10, 2007

This letter will notify your Department that I have applied for an FEI number as requested. To avoid any late fees, your agent advised to sent the copy back and write in applied in box number 4. I also enclosed a copy of the application. Upon receiving the number, I will notify your Department.

Regards,

Hirving Ebanks

ATTACHMENT

14701

006000013885

Form **SS-4**

(Rev. February 2006)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested QUICKCUPSINC		
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 10875OLDDIXIEHIGHWAY		5a Street address (if different) (Do not enter a P.O. box.) SAME AS MAILING ADDRESS
	4b City, state, and ZIP code PONTE VEDRA FL 32081		5b City, state, and ZIP code
	6 County and state where principal business is located ST JOHNS FL		
	7a Name of principal officer, general partner, grantor, owner, or trustee HIRVINGEBANKS		7b SSN, ITIN, or EIN 109482242
8a Type of entity (check only one box)	<input type="checkbox"/> Estate (SSN of decedent)		
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Plan administrator (SSN)		
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust (SSN of grantor)		
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government		
<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military		
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises		
<input type="checkbox"/> Other nonprofit organization (specify) ▶	Group Exemption Number (GEN) ▶		
<input type="checkbox"/> Other (specify) ▶			
8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FL	Foreign country	
9 Reason for applying (check only one box)	<input type="checkbox"/> Banking purpose (specify purpose) ▶		
<input type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Changed type of organization (specify new type) ▶		
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business		
<input checked="" type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Created a trust (specify type) ▶		
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a pension plan (specify type) ▶		
10 Date business started or acquired (month, day, year). See instructions. 05/03/06	11 Closing month of accounting year DECEMBER		
12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)			
13 Highest number of employees expected in the next 12 months (enter -0- if none). Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)	Agricultural 0	Household 0	Other 0
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input checked="" type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker		
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. COFFEE			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note. If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code)
	Address and ZIP code		Designee's fax number (include area code)
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ HIRVINGEBANKS		PRESIDENT	
Signature ▶		Date ▶ 05/10/07	
		Applicant's telephone number (include area code) (904) 823 - 9106	
		Applicant's fax number (include area code) (904) 823 - 9024	