


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000026814		
1. Entity Name QUINCY HOTELS, INC.		

FILED  
2007 JAN 17 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 39 JACK DRIVE QUINCY, FL 32352	Mailing Address 39 JACK DRIVE QUINCY, FL 32352
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

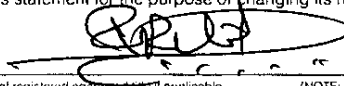


01172007 Chg-P CR2E034 (12/06)

4. FEI Number 42-1695133		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		7. Name and Address of New Registered Agent	
PATEL, PARESHKUMAR 39 JACK DRIVE QUINCY, FL 32352		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:  DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and email applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees 01/24/07--01005--018 **900.00	700086139147
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, PARESHKUMAR	NAME	
STREET ADDRESS	39 JACK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 32352	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOCUL PARESH	NAME	
STREET ADDRESS	5238 WOODGATE WAY	STREET ADDRESS	
CITY-ST-ZIP	MARIETTA, FL 32340	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL MRUGESH J	NAME	
STREET ADDRESS	1350 W TENNESSEE ST	STREET ADDRESS	
CITY-ST-ZIP	TALL. FL 32304	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL PRASANT	NAME	
STREET ADDRESS	10758 NW HILLYARD BL	STREET ADDRESS	
CITY-ST-ZIP	BAISTOL, FL 32321	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL CHAMPAK	NAME	
STREET ADDRESS	1408 MANOR HILL DR	STREET ADDRESS	
CITY-ST-ZIP	NEWMAN, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKANA HIMANSA	NAME	
STREET ADDRESS	814 Hillenballe Dr	STREET ADDRESS	
CITY-ST-ZIP	HERNANDO, MS 39402	CITY-ST-ZIP	

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:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR