2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P06000026814

Entity Name: QUINCY HOTELS, INC.

Current Principal Place of Business:

39 JACK DRIVE
QUINCY, FL 32352

New Principal Place of Business:

Current Mailing Address:

39 JACK DRIVE
QUINCY, FL 32352

New Mailing Address:

FEI Number: 42-1695133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, PARESHKUMAR
39 JACK DRIVE
QUINCY, FL 32352 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	PATEL, PARESHKUMAR	
Address:	39 JACK DRIVE	
City-St-Zip:	QUINCY, FL 32352	
Title:	S	( ) Delete
Name:	GOCOOL, PARESH	
Address:	5238 W WOODGATE WAY	
City-St-Zip:	MARIANNA, FL 32446	
Title:	D	( ) Delete
Name:	PATEL, MRUGESH J	
Address:	1350 W TENNESSEE ST	
City-St-Zip:	TALLAHASSEE, FL 32304	
Title:	D	( ) Delete
Name:	PATEL, PRSANT	
Address:	10758 NW HWY 20 SR	
City-St-Zip:	BRISTOL, FL 32321	
Title:	D	( ) Delete
Name:	PATEL, CHAMPAL	
Address:	1408 MANOR HILL DR	
City-St-Zip:	NORMAN, OK	
Title:	D	( ) Delete
Name:	BHAKTA, NARENDRA	
Address:	10 YANNON ST	
City-St-Zip:	HAVANA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: PARESH PATEL PRES 03/27/2009

Electronic Signature of Signing Officer or Director — Date