2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P92000010994

1. Entity Name
PAUL A. O'QUINN, INC.

Principal Place of Business	Mailing Address
564 PINEBROOK DR E.	P.O. BOX 60185
JACKSONVILLE, FL 32220	JACKSONVILLE, FL 32236-0185 US

DO NOT WRITE IN THIS SPACE

04042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3159307	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'QUINN, PAUL A
564 PINEBROOK DR E
JACKSONVILLE, FL 32220

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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 _____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	O'QUINN, PAUL A
STREET ADDRESS	564 PINEBROOK DR E.
CITY-ST-ZIP	JACKSONVLLE, FL 32220

TITLE	VPD
NAME	O'QUINN, ALAN J
STREET ADDRESS	564 PINEBROOK DR. E.
CITY-ST-ZIP	JACKSONVILLE, FL 32220

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/20/07-80123-020 150.00

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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: _PAUL A. O'QUINN_ 9/07   (904) 695-9/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #