

DOCUMENT # P95000034864

1. Entity Name
QUINLEY INN, INC.

FILED
May 25, 2005 08:00 AM
Secretary of State

Principal Place of Business
861 SUGAR HOUSE DRIVE
PORT ORANGE, FL 32119Mailing Address
861 SUGAR HOUSE DRIVE
PORT ORANGE, FL 32119

05212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-3312031Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLAIS, COLLEN J
161 WOODHAVEN CIRCLE, EAST
ORMOND BEACH, FL 32174**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLAIS, MICHEL
STREET ADDRESS	161 WOODHAVEN CIRCLE, EAST
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	STD
NAME	BLAIS, COLEEN J
STREET ADDRESS	161 WOODHAVEN CIRCLE, EAST
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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:

Colleen J. Blais
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-23-05 386-322-9023