

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 07, 2007 08:00 A
Secretary of State**DOCUMENT # P96000080985**1. Entity Name
QUINCY CIRCLE CORP.Principal Place of Business
**122 QUINCY CIR
SANTA ROSA, FL 32549 US**Mailing Address
**PO BOX 1257
DEFUNIAK SPRINGS, FL 32435 US**

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3407387Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent****ROBINSON, CRAIG S. CPA
38 S. 8TH STREET
DE FUNIAK SPRINGS, FL 32435****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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00 ←
After May 1, 2007 Fee will be \$850.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**U00000762255
05/25/07-80089-012 150.00**10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HOLTERMANN, CLIFFORD
168 DALTON AVE
STATEN ISLAND, NY 10306**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BARATTA, DOROTHY
168 DALTON AVE
STATEN ISLAND, NY 10306**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 807, 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: *Dorothy Baratta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ April 29, 2007 **718-979-1925**