


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # S21652			
1. Entity Name PARKVIEW MANOR APARTMENTS OF QUINCY CORP.			
Principal Place of Business 460 HARRISON AVENUE PANAMA CITY, FL 32401	Mailing Address PO BOX 610 MONTICELLO, FL 32345		
DO NOT WRITE IN THIS SPACE			
		07042007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3044705	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 FAIRCLOTH, CHARLES E 460 HARRISON AVE PANAMA CITY, FL 32401		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000768765 07/13/07-80011-014 558.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAIRCLOTH, CHARLES E 460 HARRISON AVE PANAMA CITY, FL 32401		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIMESLY, WILLIAM G 460 HARRISON AVE PANAMA CITY, FL 32401		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS 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 reports 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			