


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90279 005 ****61.25

DOCUMENT # N00858
 1. Entity Name
QUAIL RUN HEIGHTS, INC.



Principal Place of Business C/O 1805 5TH AVE SEBRING, FL 33875 US	Mailing Address C/O 1805 5TH AVE SEBRING, FL 33875 US
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94054040



04132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2870755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SUGG, DUANE J
1805 5TH AVE
SEBRING, FL ~~33872~~ 33875

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$81.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUGG, DUANE J 1805 5TH AVE SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINSTEAD, HERB 1803 5TH AVE SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STALDER, KATHRYN M 1811 5TH AVE SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUNE, WINSTEAD 1803 5TH AVE SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 exemption stated in Section 119.07(3)(i), 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 617, 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: Kathryn M. Stalder, Treasurer **KATHRYN M. STALDER, TREAS.**
 Date: 4/08/04 **863-471-6920**