

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000085716

FILED
Sep 09, 2004
Secretary of State

Entity Name: QUAD SOUTH, INC.

Current Principal Place of Business:

971 E.EAU GALLIE BLVD
SUITE D
INDIAN HARBOUR BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

971 E.EAU GALLIE BLVD
SUITE D
INDIAN HARBOUR BEACH, FL 32937 US

New Mailing Address:

FEI Number: 59-3357450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNESS, GAIL M
923 FOSTORIA DR.
SUNTREE, FL 32940 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YOUNESS, MICHAEL R
Address: 923 FOSTORIA DR.
City-St-Zip: SUNTREE, FL 32940

Title: STD () Delete
Name: YOUNESS, GAIL M
Address: 923 FOSTORIA DR.
City-St-Zip: SUNTREE, FL 32940

Title: D (X) Delete
Name: YOUNESS, PAUL B
Address: 16422 ERIN
City-St-Zip: FRASER, MI 48026

Title: D (X) Delete
Name: GADDIE, ROBERT
Address: 29104 JEFFERSON
City-St-Zip: ST CLAIR SHORES, MI 48081

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL M. YOUNESS

STD

09/09/2004

Electronic Signature of Signing Officer or Director

_____ Date