


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # 288756					
1. Entity Name QUAIL RUN, INC.					
Principal Place of Business 2445 EBER BLVD. MELBOURNE FL 32904		Mailing Address 2445 EBER BLVD. MELBOURNE FL 32904			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1118030 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			1st MOORE CR2E034 (10/06)		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KANCILIA, JOHN R 1800 WEST HIBISCUS MELBOURNE FL 32901			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RYALL, ROGER	NAME	000000603845 01/29/07-80030-015 150.00		
STREET ADDRESS	2445 EBER BLVD	STREET ADDRESS			
CITY ST ZIP	MELBOURNE FL	CITY ST ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RYALL, BOBBIE	NAME			
STREET ADDRESS	2445 EBER BLVD	STREET ADDRESS			
CITY ST ZIP	MELBOURNE FL	CITY ST ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RYALL, ROBERT	NAME			
STREET ADDRESS	2445 EBER BLVD	STREET ADDRESS			
CITY ST ZIP	MELBOURNE FL 32904	CITY ST ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RYALL, JOSPEH	NAME			
STREET ADDRESS	2445 EBER BLVD	STREET ADDRESS			
CITY ST ZIP	MELBOURNE FL 32904	CITY ST ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP		CITY ST ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP		CITY ST ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 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: <u>Roger Ryall</u>		Roger Ryall		1/22/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				321-954-4436	
				<small>Daytime Phone #</small>	