## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 288756** 

RYALL, JOSPÉH

2445 EBER BLVD

MELBOURNE, FL 32904

Name:

Address:

City-St-Zip:

FILED Apr 02, 2009 Secretary of State

Entity Name: QUAIL RUN, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
2445 EBER MELBOUR	R BLVD. RNE, FL 32904				
Current Mailing Address:			New Mailing Address:		
2445 EBER MELBOUR	R BLVD. RNE, FL 32904				
FEI Number:	: 59-1118030	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
KANCILIA, JOHN R 1795 WEST NASA BLVD. MELBOURNE, FL 32901 US			SUITE 138	1800 WEŚT HIBISCUS BLVD.	
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/02/2009	
	Electron	c Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () RYALL, ROGER 2445 EBER BLV MELBOURNE, F	'D	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	STD () RYALL, BOBBIE 2445 EBER BLV MELBOURNE, F	/D	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () RYALL, ROBER 2445 EBER BLV MELBOURNE, F	'D	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	V ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH RYALL 04/02/2009 ٧