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Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90075 007 ***550.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 311874		
1. Entity Name QUALLS CONSTRUCTION COMPANY INC		
Principal Place of Business 768 BEAL PKWY NW STE AQ FT. WALTON BEACH, FL 32547-3042	Mailing Address 768 BEAL PKWY NW STE AQ FT. WALTON BEACH, FL 32547-3042	
DO NOT WRITE IN THIS SPACE		06282005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1156217 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 QUALLS, JR., AL P 768 BEAL PKWY NW STE AQ FT. WALTON BEACH, FL 32547-3042		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) DATE _____</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC QUALLS, JR., AL P 768 BEAL PKWY NW STE AQ FT. WALTON BCH., FL 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUALLS, PEGGY 768 BEAL PKWY NW STE AQ FORT WALTON BEACH, FL 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, JOHNNIE D 768 BEAL PKWY NW STE AQ FORT WALTON BEACH, FL 32547	
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 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 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>Peggy Qualls</u> <u>Peggy Qualls</u> <u>7/14/05</u> <u>850-315-0137</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		