

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 414868

FILED  
Mar 15, 2005  
Secretary of State

Entity Name: QUAIL ROOST NURSERY, INC.

## Current Principal Place of Business:

15100 QUAIL ROOST DRIVE  
RR 2  
MIAMI, FL 33187

## New Principal Place of Business:

14880 QUAIL ROOST DRIVE  
RR 2  
MIAMI, FL 33187

## Current Mailing Address:

15100 QUAIL ROOST DRIVE  
RR 2  
MIAMI, FL 33187

## New Mailing Address:

14880 QUAIL ROOST DRIVE  
RR 2  
MIAMI, FL 33187

FEI Number: 59-1451107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEYRICK, KEITH S  
15100 QUAIL ROOST DRIVE  
MIAMI, FL 33187 US

## Name and Address of New Registered Agent:

WEYRICK, KEITH S  
14880 QUAIL ROOST DRIVE  
MIAMI, FL 33187 US

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: KEITH S WEYRICK

03/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WEYRICK, KEITH S  
Address: 14880 S.W. 200 ST.  
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete  
Name: WEYRICK, DELORES H  
Address: 14880 S.W. 200 ST.  
City-St-Zip: MIAMI, FL

Title: S ( ) Delete  
Name: WEYRICK, KEITH S  
Address: 14880 SW 200 STREET  
City-St-Zip: MIAMI, FL 33187

Title: T ( ) Delete  
Name: WEYRICK, DELORES H  
Address: 14880 S.W. 200 ST.  
City-St-Zip: MIAMI, FL 33187

Title: D ( ) Delete  
Name: WEYRICK, H. A  
Address: 18420 CARIBBEAN BLVD.  
City-St-Zip: MIAMI, FL

## 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:

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: KEITH S WEYRICK

P

03/15/2005

Electronic Signature of Signing Officer or Director

Date