

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 673496 1. Entity Name QUAIL MEADOW FARM, INC.	
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Principal Place of Business 1717 NW 23RD AVE 3-C1 GAINESVILLE FL 32605	Mailing Address 1717 NW 23RD AVE 3-C1 GAINESVILLE FL 32605
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2. Principal Place of Business Suite, Apt #. etc.	3. Mailing Address Suite, Apt. #. etc.
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City & State Zip Country	City & State Zip Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent HARRELL, VICTOR E. 1717 NW 23RD AVE 3-C1 GAINESVILLE FL 32605	
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4. FEI Number 59-2121878	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	STD	
NAME	HARRELL, VICTOR E.	<input type="checkbox"/>
STREET ADDRESS	1717 NW 23RD AVE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/>
NAME	HARRELL, MARTHA R.	
STREET ADDRESS	1717 NW 23RD AVE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VPD	<input type="checkbox"/>
NAME	HARRELL, VICTOR E. II	
STREET ADDRESS	1815 ROBALO DR., 204-C	
CITY - ST - ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS	U00000028875	<input type="checkbox"/>
CITY - ST - ZIP	02/04/04-80045-007 150.00	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
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)(f), 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: *Martha R. Harrell* **Martha R. Harrell** **(352) 338-0478**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #