2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	ne	# 673496	<b>a</b> .	*		Secretary of State	
QUAIL MI	EADOW F	FARM, INC.					
Principal Place of Business			Mailing Address				
1717 NW 23RD AVE 3-CI			1717 NW 23RD AVE 3-Cl				
GAINESVILLE FL 32605			GAINESVILLE FL 32605				
2. Principal Place of Business			3. Mailing Address			לפהו לו למתוחונה וופנה (נפנה נופנה מציבה מנה הנופני פנצים נאו החומה או החומה החומה ב	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)	
City & State			City & State			4. FEI Number 59-2121878   Applied Fo	-
Zip			Zip Country		ntry	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name	and Address of Curre	nt Registered Agent		Name	7. Name and Address of New Registered Agent	
	RRELL, VI 7 NW 231					P.O. Box Number is Not Acceptable)	-
GAINESVILLE FL 32605							
					City	FL Zip Code	
8. The above the obligat	e named entity tions of regist	y submits this statement ered agent.	t for the purpose of changing its	s register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and fille if applicable (NOT	E Registere	ed Agers signature required	s when renstaling) DATE	
F After	LE NOW!	! FEE IS \$150.00 6 Fee Will Be \$550.	A STATE OF THE STA		*	9. Election Campaign Financing \$5.00 May	
Make Check		Florida Department	of State			Trust Fund Contribution. Added to Fee	35
10. TITLE	STD	OFFICERS AN	NO DIRECTORS	11.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	HARRELL,	VICTOR E.	☐ Delete	TITL		☐ Change ☐ Ado	Jitio
STREET ADDRESS 1717 NW 23RD AVE				E	EET ADORESS		
CITY-ST-ZIP	GAINESVIL	LEFL	<u> </u>	CITY	(-ST-ZIP	U00000392657 01/24/06-80090-02 <del>3 (150-0</del> 0)	
TITLE	PD		☐ Delete	TITL	E }	01/24/U6-80030-02-0 Change - 1 Ado	dition
NAME STREET ADDRESS	1	MARTHA R.		NAN	į.		
CITY-ST-ZIP	GAINESVII			1	EET ADDRESS ( -ST-ZIP		
TITLE	VPD			TITU		Change C Adr	ditios
NAME	l .	VICTOR E. II		NAM	(		
STREET ACCRESS	1	ALO DR., 204-C			EET AODRESS		
CITY ST-ZIP	VERO BEA	CH FL			(-ST-ZIP	<u></u>	
TITLE NAME	}		☐ Defete	TAL	(	☐ Change ☐ Ado	dition
STREET ADDRESS				NAM STRE	NE EET ADORESS		
CITY-ST-ZIP					(-ST-ZIP		
TITLE			☐ Defete	- T(TL	E	☐ Change ☐ Ado	dition
NAME	1			NAM	(		
STREET ADDRESS CITY-ST-ZIP	} { }			1	EET ADDRESS { 1-S1-ZIP		
THTLE	{		☐ Delete	TATE	E	☐ Change ☐ Ado	dition
NAME STREET ADDRESS				NAM			
CITY-ST-ZIP				9	EET ADDRESS { (-ST-ZIP		
12. I hereby	certify that th	e information supplied	with this filing does not qualify	for the e	xemotions containe	d in Section 119, Florida Statutes. I further certify that the information	on
of the cor if change	rporation or tied, or	i oi supplemental repol he recelver or trustee e littachment with an addi	rt is true and accurate and that impowered to execute this repo ress, with all other like empowe	my signa irt as requ ired.	nure snan have the uired by Chapter 60	same legal effect as if made under oath; that I am an officer or direc 07, Florida Statutes; and that my name appears in Block 10 or Block	tor 11