2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 692853

Entity Name: QUAIL RUN NURSERY INC

ST. JAMES CITY, FL 33956

City-St-Zip:

FILED Apr 05, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	DEN VIEW RI S CITY, FL 33				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
ST. ROAD	FICE BOX 266 0 767 S CITY, FL 33				
FEI Number:	: 93-0817635	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	New Registered Agent:	
ST. JAMES	VEN LAKE CII S CITY, FL 33	956 US	e purpose of changing its registered	l office or registered agent, or both,	
SIGNATUR	RE:				
Election Car		nic Signature of Registered A g Trust Fund Contribution().	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (STEVENS, DAI 3923 SYLVAN ST. JAMES CI	LAKE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP (STEVENS, MA 3923 SYLVAN		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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.

SIGNATURE: MARY KAYE STEVENS V.P. 04/05/2008