

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 698407

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: QUAIL RIDGE DEVELOPERS, INC.

## Current Principal Place of Business:

6000 CO HWY 278  
DEFUNIAK SPGS, FL 32435 US

## New Principal Place of Business:

125 N. DAVIS LANE #11  
DEFUNIAK SPGS, FL 32433 US

## Current Mailing Address:

P O BOX 1584  
DEFUNIAK SPRINGS, FL 32435 US

## New Mailing Address:

FEI Number: 59-2113683      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCORMICK, FRANKIE L  
6000 CO. HWY 278  
DE FUNIAK SPRGS, FL 32435 US

## Name and Address of New Registered Agent:

MCCORMICK, LISA  
125 N. DAVIS LANE #11  
DE FUNIAK SPRGS, FL 32433 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: LISA S. MCCORMICK

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MCCORMICK, GERALD D  
Address: 432 TEELINVILLE DR  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: DS ( ) Delete  
Name: MCCORMICK, FRANKIE L  
Address: 6000 CO. HWY 278  
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: VD ( ) Delete  
Name: MCCORMICK, LISA S  
Address: 432 TEELINVILLE DR  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCCORMICK, GERALD D  
Address: 432 TEELINVILLE DR  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MCCORMICK, LISA S  
Address: 432 TEELINVILLE DR  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: LISA S. MCCORMICK

VP

02/13/2009

Electronic Signature of Signing Officer or Director

Date