


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 733417</b> 1. Entity Name <b>A QUIET PLACE IN THE COUNTRY, INC.</b>	
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Principal Place of Business <b>195 LAKESIDE DR W PORT ORANGE, FL 32128 US</b>	Mailing Address <b>P.O. BOX 291685 PORT ORANGE, FL 32129 US</b>
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**DO NOT WRITE IN THIS SPACE**



04292007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2553873</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**COSKER, ROBIN  
195 LAKESIDE DR EAST  
PORT ORANGE, FL 32129**

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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 \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSKER, ROBIN 195 LAKESIDE DR W PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRATTON, TOM 305 COUNTRY CIRCLE DR E PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, NANCY C 240 QUIET TRAIL DR PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OTTENDORF, NANCY 210 COUNTRY CIRCLE DR WEST PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/25/07-80018-006 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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:** Nancy C. Davis, Treas. **NANCY C. DAVIS TREAS** 4/30/07 386-763-0409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #