

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000003226

1. Entity Name
THE QUAKER AGENCY OF THE SOUTH, INC.



Principal Place of Business Mailing Address

**2333 RANDOLPH RD.
STE. 200
CHARLOTTE, NC 28207**

**P.O. BOX 222129
CHARLOTTE, NC 28222-1229**

DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
56-1559982 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MATTHEWS, DANA C
~~607 HWY 68 E~~ 4475 LEGENDARY DR.
DESTIN, FL 32541**

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	WALSH, FRANK M
STREET ADDRESS	120 GREENWICH RD.
CITY-ST-ZIP	CHARLOTTE, NC 28211
TITLE	VST
NAME	SANDERS, DOUGLAS J
STREET ADDRESS	120 GREENWICH RD.
CITY-ST-ZIP	CHARLOTTE, NC 28211
TITLE	DC
NAME	SANDERS, DOUGLAS J
STREET ADDRESS	120 GREENWICH RD.
CITY-ST-ZIP	CHARLOTTE, NC 28211
TITLE	VSD
NAME	SECOR, JUDITH W
STREET ADDRESS	120 GREENWICH RD.
CITY-ST-ZIP	CHARLOTTE, NC 28211
TITLE	S
NAME	MCKAIG, A S III
STREET ADDRESS	219 GREENWICH RD.
CITY-ST-ZIP	CHARLOTTE, NC 28211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000260439
03/12/05-80024-013 150.00

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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: *Douglas J Sanders* **DOUGLAS J SANDERS** 3-9-05 704-602-5924

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