


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000006491 1. Entity Name QUAKER SQUARE DEVELOPMENT CO., INC.	
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Principal Place of Business 177 ELVIRA ROAD HELENA, AL 35080	Mailing Address 177 ELVIRA ROAD HELENA, AL 35080
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DO NOT WRITE IN THIS SPACE



08042004 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0941064	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**HABSHEY, TERRY M
8069 HWY 30-A
PANAMA CITY, FL 32413**

**DO NOT WRITE
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.

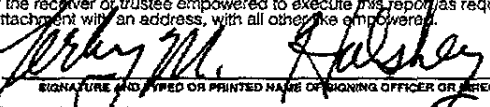
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST HABSHEY, TERRY M 177 ELVIRA ROAD HELENA, AL 35080
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 empowerment.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Terry M. Habshey

8/10/04 **205/424-5010**
Date Daytime Phone #