2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F9700000 1. Entity Name QUAKER SQUARE DEVELOPMEN			F 1 F 05 APR 20 /	April		
Principal Place of Business	of Business Mailing Address			۸.	-	
177 ELVIRA ROAD				SECKET. MALLAHASSEÉ	A DIAIE	
HELENA, AL 35080	L 35080 HELENA, AL 35080			MECHINA DEL	., ECONIDA	
2. Principal Place of Business 409 B He lem R and Suite, Apt. #, etc. Suite 103 City & State Helena, Ahbama Zip Country	Suite, Apt. #, etc. Suite Apt. #, etc. Suite IO3 City & State Alabama Country Zip Country		04112005 4. FEI Numb 63-094	Chg-P		oplied For ot Applicable ditional
35080 US 6. Name and Address of Curren	6. Name and Address of Current Registered Agent			d Address of New R	Fee Require	d -
HABSHEY, TERRY M				VALMER, per is Npt Acceptable HOWKIO	E59.	°541
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						and accept
the obligations of fregistered agent.						
SIGNATURE Signature, typed or printed name of registered age	Mand title if applicable. (NOTE: F	Registered Agent signature	e required when reinstating)	7 13	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550		oution. \square	\$5.00 May Be Added to Fees			
10. OFFICERS AN	D Delete	11.	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
NAME HABSHEY, TERRY M	HABSHEY, TERRY M		Terry M. Ho 4091B Helen	abstey		
STREET ADDRESS 177 ELVIRA ROAD CITY-ST-ZIP HELENA AL 35080			4097B Helan	a Rol., Suite	103 n -	
TITLE HELENA, AL 35000	HELENA, AL 35080			oanna 3501	Change	☐ Addition
NAME						
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE	☐ Delete TITL				☐ Change	Addition
NAME	sss			11111535:	95979	
STREET ADDRESS CITY-ST-ZIP			05/03)DO535; /0501008	-001 **200.0	0
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CITY-ST-ZIP		CITY-ST-ZIP				
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CITY-ST-ZIP		CITY-ST-ZIP				;
TITLE	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS		NAME STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 cath; that I am an officer or director of the corporation or the receiper 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 ather like empowered. SIGNATURE:						
//n / // / // //	Is the all accurate and trial hy powered to execute this report as with all ather like embowered.	s required by Chap	oter 607, Florida Statui	tes; and that my name	e appears in Block 10 o	r Block 11 if