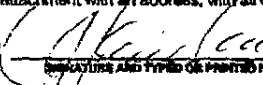


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jun 09, 2005 08:00 AM
Secretary of State

DOCUMENT # H93033 1. Entity Name QUAR JAY SOUTH, INC.				
Principal Place of Business % JOHN C. QUARLESS 6308 COOPERS GREEN COURT ORLANDO, FL 32819		Mailing Address % JOHN C. QUARLESS 6308 COOPERS GREEN COURT ORLANDO, FL 32819		
DO NOT WRITE IN THIS SPACE		 05262005 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-2693653		Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent QUARLESS, JOHN C. 6308 COOPERS GREEN COURT ORLANDO, FL 32819		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)				
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE		
TITLE	P			
NAME	QUARLESS, JOHN C.			
STREET ADDRESS	6308 COOPERS GREEN COURT			
CITY-ST-ZIP	ORLANDO, FL			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
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 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: 		Date 6-1-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 407-393-9925		