2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # H93033

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

FILED Apr 10, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04052008 No Chg-P CR2E034 (11/05)

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

6. The above the obliga	named entity submits this statement for the prices of registered agent.	urpose of changing its registere	d office or a	registered agent, or bo	th, in the State of Florida. 1 am familiar with, and accept
SIGNATURE.	Signature, typed or priced name of registered agent and title if	applicable. (NOTE Registered	Agent signerur	e required when retreitating)	DATE
FiL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	ting 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		····	
TITLE NAME STRIFT ADDRESS CITY-ST-ZP	P QUARLESS, JOHN C. 6308 COOPERS GREEN COURT ORLANDO, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					//00000498359 04/22/06-80091-014 150.00
TITLE HAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE SEAME STREET ADDRESS CITY-ST-ZIP		,		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CHY-ST-ZIP					
TITLE					

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 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if the suppowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR