2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 22, 2004 8:00 am Secretary of State DOCUMENT # J02794 1. Entity Name 03-22-2004 90086 036 ***158 75 QUAIL CREEK DEVELOPMENTS CORPORATION, INC. Principal Place of Business Mailing Address 5672 STRAND CT 5672 STRAND CT 14000615 SUITE 1 SUITE 1 NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0267913 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLY, JANET ` Street Address (P.O. Box Number is Not Acceptable) 5672 STRAND CT SUITE #1 NAPLES FL 34110 City Zip Code 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 apopt and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MLE ☐ Delete TITLE ☐ Change Addition KELLY, JANET NAME NAME 5672 STRAND CT #1 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP PD ☐ Delete TITLE ☐ Addition TITLE HARDY, ROBERT S. NAME NAME STREET ADDRESS 5692 STRAND CT #3 STREET ADDRESS COURT, SUITE NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ■ Addition NAME NAME HARDY, ROBERT PAUL STREET ADDRESS STREET ADDRESS 5692 STRAND CT 31 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

FILED