


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90012 018 ***150.00

DOCUMENT # J05761 1. Entity Name QUAIL ESTATES INC.					
Principal Place of Business 214 NE 4TH ST. DELRAY BCH. FL 33444-3829 US			Mailing Address 214 NE 4TH ST. DELRAY BCH. FL 33444-3829 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 301 W. Atlantic Ave #03 Suite, Apt. #, etc.			
City & State Zip Country		City & State Delray Beach FL Zip Country 33444 US		4. FEI Number Applied For 59-2745160 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/07)			
6. Name and Address of Current Registered Agent KOCH, WILLIAM F., JR. 900 E. ATLANTIC AVENUE #14 DELRAY BCH. FL 33444				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEES \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOCH, WILLIAM F. III 900 E ATLANTIC AVENUE SUITE 14 DELRAY BEACH FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GWYNN, WILLIAM E. 214 NE 4TH STREET DELRAY BEACH FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROYAN, COLIN S. R. SEVEN ROTHESAY TERR. EDINBURGH, SCOTLAND	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, PETER HALFORD INVERESK HOUSE 1 ALDWYCH LONDON, ENGLAND	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOCH, WM. F., III. 900 E ATLANTIC AVE #14 DELRAY BCH. FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: <u>W. F. Koch</u> 4/23/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		