

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90049 003 ***150.00

DOCUMENT # J07776

1. Entity Name

M. L. QUISENBERRY CONSTRUCTION, INC.



Principal Place of Business
1738 THOMASVILLE RD.
TALLAHASSEE FL 32303

Mailing Address
P O BOX 12307
TALLAHASSEE FL 32317-2307

50016545



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

2031 CHIMNEY SWIFT HOLLOW

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

City & State

4. FEI Number

59-2669415

Applied For

Not Applicable

Zip

32312

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUISENBERRY, MICHAEL L.
2031 CHIMNEY SWIFT HOLLOW
TALLAHASSEE FL 32312**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME QUISENBERRY, MICHAEL L.
STREET ADDRESS 2031 CHIMNEY SWIFT HOLLOW
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME QUISENBERRY, SHARON H.
STREET ADDRESS 2031 CHIMNEY SWIFT HOLLOW
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HODGES, MARY MARGARET Q.
STREET ADDRESS 1581 CLIFFORD HILL RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

MICHAEL L. QUISENBERRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-05

Date

1-850-386-6560

Daytime Phone #