2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# N03000007506

Entity Name: QUAIL HOLLOW ELEMENTARY SCHOOL PTO INC.

Current Principal Place of Business:

7050 QUAIL HOLLOW BOULEVARD
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

7050 QUAIL HOLLOW BOULEVARD
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 20-0619317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WERKSTELL, PATSY
7050 QUAIL HOLLOW BOULEVARD
WESLEY CHAPEL, FL 33544

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MALOTT, LORI
Address: 8525 QUAIL RUN DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VD ( ) Delete
Name: STOCKER, MICHELE
Address: 8525 QUAIL RUN DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: TD ( ) Delete
Name: WERKSTELL, PATSY
Address: 9234 SHENANDOAH RUN
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: SD ( ) Delete
Name: HERNANDEZ, CHERYL
Address: 25739 SANTOS WAY
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATSY D WERKSTELL TD 04/15/2004

Electronic Signature of Signing Officer or Director — Date