2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N43494

Entity Name: A QUIET PLACE, INC.

Current Principal Place of Business:

44344 CROSS COUNTRY BLVD
ALTOONA, FL 32702

New Principal Place of Business:

Current Mailing Address:

44344 CROSS COUNTRY BLVD.
ALTOONA, FL 32702

New Mailing Address:

FEI Number: 59-3082208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, MARC R PRES
44344 CROSS COUNTRY BLVD.
ALTOONA, FL 32702

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: D ( ) Delete
Name: STOLTZFOOS, DENNIS
Address: 16420 SPRING VALLEY RD
City-St-Zip: DADE CITY, FL 33523

Title: VPD ( ) Delete
Name: WHITE, SANDRA K
Address: 44344 CROSS COUNTRY BLVD.
City-St-Zip: ALTOONA, FL 32702

Title: PD ( ) Delete
Name: WHITE, MARC R
Address: 44344 CROSS COUNTRY BLVD
City-St-Zip: ALTOONA, FL 32702

Title: D ( ) Delete
Name: CONWAY, LEE
Address: 434 JUNIPER LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: BROWER, JEFF
Address: 310 DAWSON BROWN ROAD
City-St-Zip: DELEON SPRINGS, FL 32130

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:

Title: D (X) Change ( ) Addition
Name: WEBBER, BARBARA J
Address: 168 OLIVE TREE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: SANDRA K WHITE VPD 04/29/2004

Electronic Signature of Signing Officer or Director Date