

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90032 029 ***150.00

DOCUMENT # P01000104550

1. Entity Name

QUAIL CREEK PLANTATION, INC.



Principal Place of Business

12399 NE 224 ST
OKEECHOBEE, FL 34972 US

Mailing Address

~~1080 SE THIRD AVENUE~~
FT LAUDERDALE, FL 33316

*1850 SE 17th St.
Suite 300*

50034722



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1150122

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WRIGHT, PETER
~~1080 SE 3RD AVE~~ *1850 SE 17th St., Suite 300*
FORT LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HUDSON, HARRIS W
STREET ADDRESS ~~1080 SE THIRD AVENUE~~ *1850 SE 17th St., Suite 300*
CITY-ST-ZIP FT LAUDERDALE, FL 33316

TITLE D
NAME FANIZZI, FRED
STREET ADDRESS 12399 NE 224 ST
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harris W. Hudson
3/29/05 954-356-5800

Date

Daytime Phone #