2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2008 8:00 am Secretary of State 02-08-2008 90036 014 ***150.00

1. Entity Name ENDLESS QUARTERS, INC.					02-08-2008 9	90036 014 ***150	.00
Principal Place of Business 4802 NORTH KINGS HIGHWAY FORT PIERCE, FL 34951		Mailing Address 4802 NORTH KINGS HIGHWAY FORT PIERCE, FL 34951					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062008	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Numbe	080620		pplied For t Applicable
Zip	Country	Zip	Country		of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New R	egistered Agent	•
GAYLORD	MARC R		Name Gi	naer H	anna		
	OLD DIXIE HWY			s (FQ Box Numbe	r is Not Acceptable	ma Place	~~~
HOBE SOUND, FL 33455			4,1	DO DE	Hlawo	una i wa	<u> </u>
	_		City Hal	$\sim \leq \infty$	400	FL 389	455
8. The above	named entity submits this statement t	or the purpose of changing its	s registered office or regis	stered agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept
signature_	ions of reglatered agent.	AND THE RESERVE AND THE RESERV		 		2/6/08	.
***	Signaline, types, or priviled name or registered agen	it and tide it applicable. [1901	TE: Registered Agent signature requ	red when revisioning)		OATE .	
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Con	aign Financing \$ stribution.	55.00 May Be dded to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	CERS AND DIRECTOR	3 IN 11
TITLE	D	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADORESS	HANNA, NAGI						
SINCE! ADDITESS	4802 NODTH KINGS HIGHWAY	,	NAME :				
CITY-ST-ZIP	4802 NORTH KINGS HIGHWAY FORT PIERCE, FL 34951	•	NAME STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP TITLE			STREET ADDRESS			Change	☐ Addiling
	FORT PIERCE, FL 34951	d □ Delete	STREET ADDRESS City-St-Zip	31. AABA		Change	Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 moster 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:

UPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

nger Hanna.

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