


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90036 011 ****61.25

DOCUMENT # P36026 1. Entity Name QUAIL UNLIMITED, INC.					
Principal Place of Business 31 QUAIL RUN EDGEFIELD, SC 29824 US			Mailing Address P O BOX 610 EDGEFIELD, SC 29824 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 58-1463756	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WITT, HERMAN 6324 ALVARADO RD PENSACOLA, FL 32504				7. Name and Address of New Registered Agent Name John R. Horton Street Address (P.O. Box Number is Not Acceptable) 45184 Stratton Rd. City Callahan FL Zip Code 32011	
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 <i>John R. Horton</i> <i>John R. Horton State Chairman 7-13-05</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete MCGHEE, STEVE 100 PATERSON CIR. OLIVER SPRINGS, TN	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chairman of the Board		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete EVANS, JOSEPH R. 3012 SUSSEX ROAD AUGUSTA, GA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete S THOMPSON, DR. TOM 12TH AND MAIN MONROE CITY, IN 47557	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete T THOMPSON, WILLIAM C T 12TH AND MAIN MONROE CITY, IN 47557	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete AVP ALLEN, JERRY W 1884 HWY 23 WEST EDGEFIELD, SC 29824	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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: <i>John R. Horton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 7/15/05 Daytime Phone # 803/637-5731		

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