
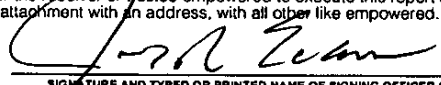


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90360 021 ****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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 58-1463756 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HORTON, JOHN R 45184 STRATTON RD CALLAHAN, FL 32011 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | COB | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MCGHEE, STEVE | | NAME | | |
| STREET ADDRESS | 100 PATERSON CIR | | STREET ADDRESS | | |
| CITY-ST-ZIP | OLIVER SPRINGS, TN | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | EVANS, JOSEPH R. | | NAME | | |
| STREET ADDRESS | 3012 SUSSEX ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | AUGUSTA, GA | | CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | THOMPSON, DR. TOM | | NAME | Joseph Marandino | |
| STREET ADDRESS | 12TH AND MAIN | | STREET ADDRESS | 212 Jonas Avenue | |
| CITY-ST-ZIP | MONROE CITY, IN 47557 | | CITY-ST-ZIP | Minotola, NJ 08341 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | THOMPSON, WILLIAM C T | | NAME | | |
| STREET ADDRESS | 12TH AND MAIN | | STREET ADDRESS | | |
| CITY-ST-ZIP | MONROE CITY, IN 47557 | | CITY-ST-ZIP | | |
| TITLE | AVP | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | ALLEN, JERRY W | | NAME | Sr. V.P. Donald E. Buckland | |
| STREET ADDRESS | 1884 HWY 23 WEST | | STREET ADDRESS | 108 Creek Stone Drive | |
| CITY-ST-ZIP | EDGEFIELD, SC 29824 | | CITY-ST-ZIP | North Augusta, SC 29860 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing 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 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:  | | | 3/28/06 803 637-5731 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joseph R. Evans | | | Date Daytime Phone # | | |