

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000041873

Entity Name: QUAIL PROPERTIES, INC.

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

2536 NORTHBROOKE PLAZA DR
NAPLES, FL 34119 US

New Principal Place of Business:

3000 IMMOKALEE RD., SUITE 9
NAPLES, FL 34110 US

Current Mailing Address:

2536 NORTHBROOKE PLAZA DR
NAPLES, FL 34119 US

New Mailing Address:

3000 IMMOKALEE RD., SUITE 9
NAPLES, FL 34110 US

FEI Number: 59-3181137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVITAN, ANN P
2536 NORTHBROOKE PLAZA DR
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

LEVITAN, ANN P
3000 IMMOKALEE RD., SUITE 9
NAPLES, FL 34110 US

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:

01/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVITAN, ANN P.
Address: 2536 NORTHBROOKE PLAZA DR
City-St-Zip: NAPLES, FL 34119 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEVITAN, ANN P.
Address: 3000 IMMOKALEE RD., SUITE 9
City-St-Zip: NAPLES, FL 34110 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN LEVITAN

PRES

01/14/2005

Electronic Signature of Signing Officer or Director

Date