2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 04, 2005 8:00 am Secretary of State

DOCUMENT # P94000014540 1. Entity Name QUARTERS INC.					03-04-2005 90079 035 ***150.00					
Principal Place of Business Mailing Address				•						
4613 OAK H	ammock court	4613 OAK HAMMOCK (4613 OAK HAMMOCK COURT							
HARBOUR VILLAGE		HARBOUR VILLAGE								
PONCE INLET	r, FL 32127 US	PONCE INLET, FL 321	PONCE INLET, FL 32127 US							
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02162005	Chg-P	CR2E034 (10/	03)	
City & Stat	-	City & State						· · · · · · · · · · · · · · · · · · ·	1	
City & State						4. FEI Number 59-32260	671	,	Applied For Not Applicable	
Zip	Country	Zip	Country			5. Certificate of	Status Desired	☐ \$8.75 Fee Req	Additional	
	6. Name and Address of Curren	t Registered Agent		T .	1	7. Name and A	ddress of New R	tegistered Agent	ulleu	
<u> </u>				Name				ogiotorou Agem		
REGAN, DONALD J										
4613 OAK HAMMOCK COURT				Street Address (P.O. Box Number is Not Acceptable)						
HARBOUF					·					
FONCE	LET, FL 32127									
				City	FL Zip Code					
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 NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND		11.			ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE	PD	☐ Delete	TITLI	_				Æ Char	ige 🔲 Addition	
NAME	REGAN, DONALD J			lE	4613 OAK HAMMOCK CT					
STREET ADDRESS CITY-ST-ZIP	SS 4421 N.W. 36 DRIVE GAINESVILLE; FL 326055424			Y-ST-ZIP PONCE INLET FL. 33/27						
	<u> </u>	Cath	-				CCI, PC	***		
TITLE NAME	VIS D REGAN LAURE K	🗷 Delete	TITLI		DV			☐ Char	nge 🖾 Addition	
STREET ADDRESS	· 			ET ADDRESS	DONALD J. REGAU II 4613 OAK HAMMOCK CH					
CITY-ST-ZIP	GAINESVILLE, FL 326055424			Y-SI-ZIP POMCE INLET PL. 32/27						
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TITLE		☐ Delete	TITL	E	-	· · · · · · · · · · · · · · · · · · ·		☐ Char	ge 🔲 Addition	
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CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		Delete	TITL	E			•	☐ Char	nge 🔲 Addition	
NAME			NAM	iE						
STREET ADDRESS			STRE	ET ADDRESS					ſ	
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITL	E				☐ Char	ige 🔲 Addition	
NAME			NAM	iE.						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
12. 1 hereby	certify that the information supplied wit	th this filing does not qualify fo	r the exe	motion state	ed in Sec	ction 119.07(3)(i)	Florida Statutes	I further certify that t	he information	

12. Thereby Certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 anofficer 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/2/05

386-788-0604

Daytime Phone #