2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 19, 2007 08:00 AM Secretary of State DOCUMENT # P96000061473 1. Entity Name QUESENBERRY ENTERPRISES, INC. Principal Place of Business Mailing Address 7535 SW 62ND CT 7535 SW 62ND CT OCALA, FL 34476 OCALA, FL 34476 No Chg-P 07172007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3390412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAYERS, RICHARD H DO NOT WRITE 7535 SW 62ND CT OCALA, FL 34476 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable. INOTE, Registered Agent signature required when reinstaland 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS TITLE Р SAYERS, RICHARD H STREET ADDRESS 8306 SW 79TH CIR CITY-ST-ZIP OCALA, FL 34476 U000000769534 TIME 07/19/07-80004-025 150.00 NAME SAYERS, DONNA M STREET ADDRESS 8306 SW 79TH CIR CRTY-ST-ZIP OCALA, FL 34476 TITLE MAME STREET ADDRESS DO NOT WRITE CTY-57-782 IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP

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 applicate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of flustee 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 previous provered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

335.873-6868

FILED