## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2004 08:00 AM Secretary of State DOCUMENT # P97000080571 1. Entity Name QUAIL RIDGE, INC. Principal Place of Business Mailing Address 27002 GEIGER RD 27002 GEIGER RD HILLIARD FL 32046 HILLIARD FL 32046 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3474755 Not Applicable Ζip Country Zιο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEIGER, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 27002 GEIGER RD HILLIARD FL 32046 City 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 NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE Delete 337LE MAME GEIGER, JOSEPH R NAME U000000041979 27002 GEIGER RD STREET ADDRESS STREET ADDRESS 02/10/04-80004-020 150.00 HILLIARD FL 32046 CITY-ST-ZIP City - ST - ZIP Delete TITLE Change Addition TIRE GEIGER, ROBERT R NAME MANSE STREET ADDRESS 27002 GEIGER RD STREET ADDRESS CITY-ST-ZIP HILLIARD FL 32046 CITY - ST - 71P TEST F ☐ Change ☐ Addition TETE ☐ Delete NAME GEIGER, MELANIE D MAME STREET ADDRESS STREET ADDRESS 27002 GEIGER RD CITY-ST-ZIP HILLIARD FL 32046 C3TY-ST-ZIP ☐ Change Addition HRE TITLE ☐ Delete NAME NAME SIRFFT ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete TITLE ☐ Chance Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete HE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - Z8P CITY - ST - ZIP 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 true 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

beiger

SIGNATURE:

**FILED**