2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005
Secretary of State

DOCUMENT# P97000105126

Entity Name: QUARTRESS OF TALLAHASSEE INC.

Current Principal Place of Business:

53 BRIDLEGATE DR
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

PO BOX 2491
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 59-3481779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOLLIVER, DON W
53 BRIDLEGATE DR
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: TOLLIVER, DON
Address: 53 BRIDLEGATE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S ( ) Delete
Name: TOLLIVER, WAYARNE
Address: 53 BRIDLEGATE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V ( ) Delete
Name: FLYNN-TOLLIVER, BARBARA
Address: P.O. BOX 12424
City-St-Zip: TALLAHASSEE, FL 32317

Title: T ( ) Delete
Name: TOLLIVER, JOHN W
Address: P.O. BOX 12424
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: FLYNN-TOLLIVER, BARBARA
Address: 339 BRIER ROSE LANE
City-St-Zip: ORANGE PARK, FL 32065

Title: T (X) Change ( ) Addition
Name: TOLLIVER, JOHN W
Address: 339 BRIER ROSE LANE
City-St-Zip: ORANGE PARK, FL 32065

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: DON W. TOLLIVER PCEO 08/08/2005

Electronic Signature of Signing Officer or Director Date