


### 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V43160</b> 1. Entity Name <b>QUAR JAY SYSTEMS, INC.</b>	
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Principal Place of Business <b>6308 COOPER'S GREEN COURT ORLANDO, FL 32819</b>	Mailing Address <b>6308 COOPER'S GREEN COURT ORLANDO, FL 32819</b>
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**DO NOT WRITE IN THIS SPACE**



05282005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3132123</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**QUARLESS, JOHN C.  
6308 COOPER'S GREEN COURT  
ORLANDO, FL 32819**

**DO NOT WRITE IN THIS SPACE**

9. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when requesting.

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

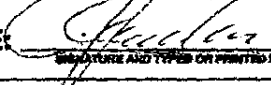
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS QUARLESS, JOHN C. 6308 COOPER'S GREEN CRT. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUARLESS, JOHN C. 6308 COOPER'S GREEN CRT. ORLANDO, FL
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06/09/05-80004-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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:  **6-1-05** **407-353-9925**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #