


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90377 001 ***158.75

DOCUMENT # P07000003786	
1. Entity Name ECO QUEST NATURE TOURS INC	

Principal Place of Business 1443 14 AVE N. NAPLES, FL 34102 US	Mailing Address 1443 14 AVE N. NAPLES, FL 34102 US
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2. Principal Place of Business - No P.O. Box # 2005 Rookery Bay Pr Suite, Apt. #, etc. Apt 1008	3. Mailing Address P.O. Box 8913 Suite, Apt. #, etc.
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City & State NAPLES FL	City & State Naples FL
Zip 34114	Zip 34101
Country Collier	Country Collier



04022008 Chg-P CR2E034 (12/06)

4. FEI Number 80-0167292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VAUGHT, WENDELL 1443 14 AVE N. NAPLES, FL 34102	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Wendell Vaught Wendell Vaught 4-3-08
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAUGHT, WENDELL 1443 14 AVE N. NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 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: Wendell Vaught Wendell VAUGHT 4-3-08 774-6122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #