

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005285

FILED
Apr 30, 2009
Secretary of State

Entity Name: QUAST CONSULTING AND TESTING, INC.

Current Principal Place of Business:

1055 INDIANHEAD DRIVE
MOSINEE, WI 54455

New Principal Place of Business:

Current Mailing Address:

1055 INDIANHEAD DRIVE
MOSINEE, WI 54455

New Mailing Address:

FEI Number: 20-0428758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, KRISTIN
14491 RIVER BEACH DRIVE
PORT CHARLOTTE, FL 33953 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUAST, TIM
Address: 1055 INDIANHEAD DRIVE
City-St-Zip: MOSINEE, WI 54455

Title: V () Delete
Name: SASMAN, BRIAN
Address: 1055 INDIANHEAD DRIVE
City-St-Zip: MOSINEE, WI 54455

Title: S () Delete
Name: SASMAN, KEVIN
Address: 1055 INDIANHEAD DRIVE
City-St-Zip: MOSINEE, WI 54455

Title: T () Delete
Name: DENTON, JON
Address: 1055 INDIANHEAD DRIVE
City-St-Zip: MOSINEE, WI 54455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TIM QUAST

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date