2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90112 046 ***150.00

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DOCUMENT # 691260

1. Entity Name
LANDQUEST, INC.

Principal Place of Business	Mailing Address
% GREGORY T GOODWIN 202 QUAYSIDE CIR STE 304 MAITLAND, FL 32751	% GREGORY T GOODWIN 202 QUAYSIDE CIR STE 304 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

04012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2243806
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, GREGORY T
129 WHITECAPS CIRCLE
MAITLAND, FL 32751

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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: _____ 4/1/05
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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOODWIN, GREGORY T
STREET ADDRESS	129 WHITECAP CIRCLE
CITY-ST-ZIP	MAITLAND, FL
TITLE	T
NAME	GOODWIN, GREGORY T
STREET ADDRESS	129 WHITECAP CIRCLE
CITY-ST-ZIP	MAITLAND, FL
TITLE	S
NAME	GOODWIN, GREGORY T
STREET ADDRESS	129 WHITECAPES CIRCLE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	(P)
NAME	GOODWIN, GREGORY T.
STREET ADDRESS	202 QUAYSIDE CIRCLE, STE 304
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	TREASUR T SECRETARY ARE
NAME	AT SAME CHANGES OF
STREET ADDRESS	ADDRESS
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: _____ 4/1/05 (407) 629-9205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #