

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90112 046 ***150.00

DOCUMENT # 691260 1. Entity Name LANDQUEST, INC.	
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40048551

Principal Place of Business % GREGORY T GOODWIN 202 QUAYSIDE CIR STE 304 MAITLAND, FL 32751	Mailing Address % GREGORY T GOODWIN 202 QUAYSIDE CIR STE 304 MAITLAND, FL 32751
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04012005 No Chg-P CR2E034 (10/03)

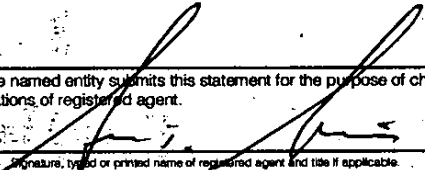
DO NOT WRITE IN THIS SPACE

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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**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 4/1/05
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).)

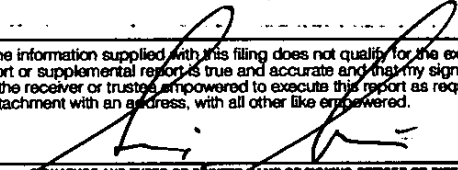
**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

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

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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:  DATE: 4/1/05 (407) 629-9205
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)