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May 03, 2004 8:00 am
Secretary of State
05-03-2004 90716 010 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J13302

1. Entity Name
QUEST PRODUCTS INTERNATIONAL, INC.

94079691

04262004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
48210 TARPON CT. D CAPE CORAL, FL 33904	48210 TARPON CT. D CAPE CORAL, FL 33904
2. Principal Place of Business: 4110 ENTERPRISE AVENUE	3. Mailing Address: 4110 ENTERPRISE AVENUE
Suite, Apt. #, etc.: STE 205	Suite, Apt. #, etc.: STE 205
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34104 Country: USA	Zip: 34104 Country: USA

4. FEI Number: 65-0028411 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PITTMAN, LARRY L
6051 ESTERO BLVD.
FORT MYERS BEACH, FL 33931

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, GRANT L MR 1100 EASTHAM WAY, APT 301 NAPLES, FL 34104 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4110 ENTERPRISE AVENUE, # 205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] April 27/04 239-352-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment A to Ltr. # J13302

SunTrust
SunTrust Bank, Central Florida, N.A.
33-215/631

5065

QUEST PRODUCTS INTERNATIONAL, INC.
4110 ENTERPRISE AVENUE, UNIT 205
NAPLES, FL 34104
239-353-2500

Check Number: 5065

DATE
Apr 27, 2004

AMOUNT
$ 150.00

Memo:

PAY TO THE ORDER OF: One Hundred Fifty and 00/100 Dollars

Florida Department of State
Division of Corporations
PO BOX 1500
Tallahassee, FL 32302-1500

MP

⑈005065⑈ ⑆063102152⑆000111356990 3⑈

THIS DOCUMENT CONTAINS A COLORED BACKGROUND ON WHITE PAPER. MICROPRINT IS LOCATED BELOW THIS WARNING BAND.