


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N13846		
1. Entity Name ACTIONQUEST, INC		
Principal Place of Business 1819 GLENGARY STREET SARASOTA, FL 34231 US	Mailing Address PO BOX 4009 SARASOTA, FL 34230 US	



DO NOT WRITE IN THIS SPACE

01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2651937	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOLL, JAMES M.
1819 GLENGARY STREET
SARASOTA, FL 34231

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000202751

01/28/05 00003-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOLL, JAMES M. 1819 GLENGARY STREET SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOLL, CAREEN 1819 GLENGARY STREET SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOLL, JASON 1819 GLENGARY STREET SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOBLE, BECKY S 1819 GLENGARY STREET SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEIGHAN, MICHAEL 1819 GLENGARY STREET SARASOTA, FL
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 617, 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:

James M. Stoll Pres
James M. Stoll, As President

26 Jan 2005 941-924-6789

Date

Daytime Phone #