


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N13846 1. Entity Name ACTIONQUEST, INC	
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Principal Place of Business 1819 GLENGARY STREET SARASOTA, FL 34231 US	Mailing Address PO BOX 4009 SARASOTA, FL 34230 US
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01302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2651937	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____
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, 2007**

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	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 exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Feb, 2007
Date

941/924-6789
Daytime Phone #

JAMES M. STOLL, AS PRESIDENT