

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
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**



02062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2651937

Applied For
Not Applicable

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES M. STOLL, AS PRESIDENT

March 4 2008 *941.924-6789*

Date

Daytime Phone #