

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

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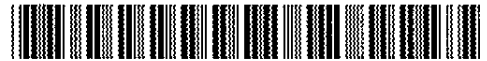
1. Entity Name
MORTGAGE QUEST, INC.



Principal Place of Business
**2701 OKEECHOBEE BLVD STE 200
WEST PALM BEACH, FL 33409**

Mailing Address
**2701 OKEECHOBEE BLVD STE 200
WEST PALM BEACH, FL 33409**

DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0994748** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAIG, STEVEN L
2701 OKEECHOBEE BLVD STE 200
WEST PALM BEACH, FL 33409**

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

**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

TITLE PD
NAME CRAIG, STEVEN L
STREET ADDRESS 2701 OKEECHOBEE BLVD STE 200
CITY - ST - ZIP WEST PALM BEACH, FL 33409

TITLE VP
NAME SHAVERDI, SHERRY J
STREET ADDRESS 2701 OKEECHOBEE BLVD., #200
CITY - ST - ZIP WEST PALM BEACH, FL 33409

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04/12/04-80010-005 150.00

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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03 5616816500
Date Daytime Phone #