2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000010006

1. Entity Name
THE QUEST TRAINING CENTER & SPA, INC.

Principal Place of Business	Mailing Address
3760 COMMERCE CENTER DRIVE SEBRING, FL 33870	3760 COMMERCE CENTER DRIVE SEBRING, FL 33870

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02192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3601873
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, ALISON M
3760 COMMERCE CENTER DRIVE
SEBRING, FL 33870

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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: Alison M Brown Pres. 3/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	BROWN, ALISON M
STREET ADDRESS	3760 COMMERCE CENTER DRIVE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	SEC.
NAME	ROGERS, AMBERLEE G
STREET ADDRESS	3760 COMMERCE CENTER DRIVE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	V.P.
NAME	WILSON, CHARLTON L
STREET ADDRESS	3760 COMMERCE CENTER DRIVE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	TRES
NAME	CRUTCHFIELD, HEIDI E
STREET ADDRESS	3760 COMMERCE CENTER DR.
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/05-80059-005 150.00

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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: Alison M Brown Pres. 3/14/05 8633557772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #