

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90054 020 \*\*\*150.00

**DOCUMENT # P02000072545**

1. Entity Name  
**PART QUEST INC.**



Principal Place of Business  
**1116 LINWOOD DR  
TALLAHASSEE, FL 32304**

Mailing Address  
**1116 LINWOOD DR  
TALLAHASSEE, FL 32304**

2. Principal Place of Business

**601 Litchfield Rd**  
Suite, Apt. #, etc.

3. Mailing Address

**PO Box 180895**  
Suite, Apt. #, etc.

City & State

**Tallahassee FL**

City & State

**Tallahassee FL**

Zip

**32312**

Country

**Leon**

Zip

**32318**

Country

**Leon**

07062004

Chg-P

CR2E034 (10/03)

4. FEI Number

**75-3065414**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SARVARY, ROBERT Z  
1116 D LINWOOD DR  
TALLAHASSEE, FL 32304**

7. Name and Address of New Registered Agent

Name **Robert Z Sarvary**  
Street Address (P.O. Box Number is Not Acceptable)

**601 Litchfield Rd**

City **Tallahassee**

**FL**

Zip Code

**32312**

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

**Robert Sarvary**

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

(NOTE: Registered Agent signature required when translating)

**7-6-04**

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete  
NAME **SARVGGY, ROBERT**  
STREET ADDRESS **1116 LINWOOD DR**  
CITY-ST-ZIP **TALLAHASSEE, FL 32304**

TITLE **S** ☐ Delete  
NAME **SARVARY, SHARMON**  
STREET ADDRESS **1116 LINWOOD DR**  
CITY-ST-ZIP **TALLAHASSEE, FL 32304**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Change ☐ Addition  
NAME **Robert Sarvary**  
STREET ADDRESS **601 Litchfield Rd**  
CITY-ST-ZIP **Tallahassee FL 32312**

TITLE **Sec.** ☒ Change ☐ Addition  
NAME **Sharon Sarvary**  
STREET ADDRESS **601 Litchfield Rd**  
CITY-ST-ZIP **Tallahassee FL 32312**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Robert Sarvary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-6-04**

Date

Daytime Phone #

**850-222-0050**