

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90172 042 ***150.00

DOCUMENT # P02000122548

1. Entity Name

THE NORTHQUEST GROUP, INC.



Principal Place of Business

3432 NORTH OCEAN BOULEVARD
GULF STREAM, FL 33483

Mailing Address

3432 NORTH OCEAN BOULEVARD
GULF STREAM, FL 33483



04282004

No Chg-P

CR2E034 (10/03)

4. FEI Number

61-1433711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRIIS, NILS
3432 NORTH OCEAN BOULEVARD
GULF STREAM, FL 33483

**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

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 P
NAME FRIIS, NILS
STREET ADDRESS 3432 NORTH OCEAN BOULEVARD
CITY-ST-ZIP GULF STREAM, FL 33483

TITLE VP
NAME FRIIS, CANDACE L
STREET ADDRESS 3432 NORTH OCEAN BOULEVARD
CITY-ST-ZIP GULF STREAM, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 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:

NILS FRIIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

561-706-6551
Daytime Phone #