

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000107003

1. Entity Name
FUTURE QUEST ASSOCIATES, INC.



Principal Place of Business
**526 N. RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**526 N. RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168**



02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0529014

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAU, M. PATRICIA
526 N. RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168**

**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 of Registered Agent (Typed or Printed Name)

Signature of Registered Agent (Typed or Printed Name)

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
NAME
STREET ADDRESS
CITY ST ZIP
**D
GRAU, JASON D
526 N. RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
GRAU, JEREMY L
526 N. RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
GRAU, M. PATRICIA
526 N. RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
GRAU, WILLIAM C JR.
526 N. RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

U00000236007
02/19/05-80028-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 I 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:

M. Patricia Grau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Patricia Grau 2-16-05 386 5145875
DATE DATE-TIME PHONE #