## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000067685

Entity Name: QUEST MANAGEMENT, INC.

FILED Jul 18, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

908 NW 57 STREET 2107 HWY DD

SUITE D MARQUAND, MO 63655

GAINESVILLE, FL 32605 US

**New Mailing Address: Current Mailing Address:** 

908 NW 57 STREET 2107 HWY DD

SUITE D MARQUAND, MO 63655 US GAINESVILLE, FL 32605 US

FEI Number: 20-1293939 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUENINK, JON C HUENINK, JON C 908 NW 57 STREET CHARLEŚ T. JORDAN 3029 NW 45TH AVE. SUITE D GAINESVILLE, FL 32605 US GAINESVILLE, FL 32605 US

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.

SIGNATURE: CHARLES T. JORDAN 07/18/2008

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution (X).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: (X) Change ( ) Addition () Delete Title: HUENINK, JON C HUENINK, JON C Name: Name:

908 NW 57 STREET, SUITE D 2107 HWY DD Address: Address:

City-St-Zip: GAINSVILLE, FL 32605 US City-St-Zip: MARQUAND, MO 63655 US

Title: DVST () Delete Title: () Change () Addition Name:

DAGLIO, RICARDO Name: 908 NW 57 STREET, SUITE D Address: Address: City-St-Zip: GAINESVILLE, FL 32605 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON C. HUENINK **PRES** 07/18/2008