

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90105 044 \*\*\*150.00

**DOCUMENT # P04000156949**

1. Entity Name  
**LANDQUEST REALTY, INC.**



Principal Place of Business  
**1635 EAST HWY 50 STE 300  
 CLERMONT, FL 34711**

Mailing Address  
**1635 EAST HWY 50 STE 300  
 CLERMONT, FL 34711**

40004631



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

01052007 Chg-P CR2E034 (12/06)

**6. Name and Address of Current Registered Agent**

**GALLO-CLYATT, GERRI**  
**1635 EAST HIGHWAY 50, SUITE 300**  
**CLERMONT, FL 34711**

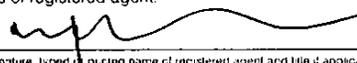
**7. Name and Address of New Registered Agent**

Name **MAX MINHAS**

Street Address (P.O. Box Number is Not Acceptable)  
**1635 E HWY 50, # 301**

City **CLERMONT** FL Zip Code **34711**

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:  DATE: **JAN 06 2007**

Signature Typed or Printed Name of Registered Agent and Title if Applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>P</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>GALLO, BERRI G</b>        |  |
| STREET ADDRESS | <b>1635 E HWY 50 STE 301</b> |  |
| CITY-ST-ZIP    | <b>CLERMONT, FL 34711</b>    |  |
| TITLE          | <b>MGR</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>MINNAS, MAX R</b>         |  |
| STREET ADDRESS | <b>1635 E HWY 50 STE 301</b> |  |
| CITY-ST-ZIP    | <b>CLERMONT, FL 34711</b>    |  |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 06 2007** **352-242-2128**  
 Date Daytime Phone #