

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90028 006 ***150.00

DOCUMENT # P04000156949 1. Entity Name LANDQUEST REALTY, INC.					
Principal Place of Business 1592 KENNESAW DR. CLERMONT, FL 34711			Mailing Address 1592 KENNESAW DR. CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. LandQuest Group 5401 S Kirkman Rd #310		Suite, Apt. #, etc.			
City & State Orlando, FL 32819		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MINHAS, MAX 1635 EAST HIGHWAY 50, SUITE 301 CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name MINHAS, MAX Street Address (P.O. Box Number is Not Acceptable) 1592 KENNESAW DR. 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 22 2008 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINNAS, MAX R 1635 E HWY 50 STE 301 CLERMONT, FL 34711 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINHAS, MAX 1592 KENNESAW DR. CLERMONT, FL 34711 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:			DATE JAN 22 2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		