.2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 10, 2008 08:00 AM DOCUMENT # P05000021012 1. Entity Name **Secretary of State** QUEST-23 ENTERPRISES, INC. Principal Place of Business Mailing Address PO BOX 1613 PO BOX 1613 LADY LAKE FL 32158-1613 LADY LAKE FL 32158-1613 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 43-2072113 Not Applicable Ζıρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEELY, DIANE C 40646 OAKWOODS WAY Street Address (P.O. Box Number is Not Acceptable) LADY LAKE FL 32159 City Zip Code 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 banns of registroping and the finephability (NOTE: Registried Agent eignolum required when reinstaungs DATE FILE NOWII! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE Delete TITLE Change ■ Addition KEELY, DIANE C NAME NAME STREET ADDRESS PO BOX 1613 STREET ADORESS CITY ST-7IP LADY LAKE FL 32158-1613 CITY-ST-ZIP U00000853806 ☐ Change ☐ Addition Delete 03/26/08-80085-006 158.75 NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE Derete 11111 Change NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De-ete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE De ele Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 fustee 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 lands or expectations.