2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000144719

1. Entity Name
QUEST GUITARS, INC.

Principal Place of Business	Mailing Address
23044 SKYVIEW CIRCLE	23044 SKYVIEW CIRCLE
BROOKSVILLE, FL 34602	BROOKSVILLE, FL 34602

DO NOT WRITE IN THIS SPACE

01122008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
33-1147433	Not Applicable

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

6. Name and Address of Current Registered Agent

HOBBS, CLINT
23044 SKYVIEW CIRCLE
BROOKSVILLE, FL 34602

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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 name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

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

TITLE	DP
NAME	HOBBS, CLINT
STREET ADDRESS	23044 SKYVIEW CIRCLE
CITY-ST-ZIP	BROOKSVILLE, FL 34602

TITLE	DST
NAME	HOBBS, ARA M.
STREET ADDRESS	23044 SKYVIEW CIRCLE
CITY-ST-ZIP	BROOKSVILLE, FL 34602

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000831015
02/27/08-80001-009 150.00

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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: _Clint Hobbs_ Clint Hobbs   2/16/08   352-799-3172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #