## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000043373

Entity Name: NOTE QUESTORS, INC.

Address:

City-St-Zip:

FILED Apr 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1444 ABSCOTT STREET PORT CHARLOTTE, FL 33952 **Current Mailing Address: New Mailing Address:** 1444 ABSCOTT STREET PORT CHARLOTTE, FL 33952 FEI Number: 26-1469844 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: MARSHALL, KATHLEEN G 1444 ABSCOTT STREET PORT CHARLOTTE, FL 33952 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition GORMAN, MARGARET L Name: Name: GORMAN, MARGARET L 1444 ABSCOTT STREET 23053 WESTCHESTER BLVD., #R408 Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33980 Title: VSTD Title: () Change () Addition () Delete MARSHALL, KATHLEEN G Name: Name: 1444 ABSCOTT STREET Address: Address: PORT CHARLOTTE, FL 33950 City-St-Zip: City-St-Zip: Title: Title: VD ( ) Delete () Change () Addition GORMAN, SUSAN E Name: Name: 5740 GALLATIN LANE Address: Address: City-St-Zip: NORTH PORT, FL 34287 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition GORMAN, R.MICKEY Name: Name:

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.

Address:

City-St-Zip:

7116 GURLEY COURT

NORTH PORT, FL 34287

SIGNATURE: KATHLEEN G. MARSHALL **VSTD** 04/17/2009