

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000081286		
1. Entity Name TEKQUEST, INC.		
Principal Place of Business 2510 KIRBY AVENUE N.E. SUITE 106 PALM BAY, FL 32905 US		Mailing Address 2510 KIRBY AVENUE N.E. SUITE 106 PALM BAY, FL 32905 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PAPPADEMETRIOU, BASIL P 2510 KIRBY AVENUE N.E. SUITE 106 PALM BAY, FL 32905		DO NOT WRITE IN THIS SPACE
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)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAPPADEMETRIOU, BASIL P 1035 MANDARIN DRIVE, NE PALM BAY, FL 32905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAPPADEMETRIOU, JOHN P 1821 CRANE CREEK BLVD MELBOURNE, FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Basil P. Pappademetriou</i>		4-20-04 321-768-6069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3218122** Applied For
Not Applicable

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

U000000128947
04/26/04-80059-015 150.00

**DO NOT WRITE
IN THIS SPACE**