

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002319

FILED
Feb 25, 2008
Secretary of State

Entity Name: CLERMONT QUEST SYSTEMS, INC.

Current Principal Place of Business:

13500 SUTTON PARK DR. SOUTH
SUITE 103
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13500 SUTTON PARK DR. SOUTH
SUITE 103
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3218890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLERMONT, RAPHAEL A
8712 COMO LAKE DRIVE
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

CLERMONT, RAPHAEL A
9283 ARBOLITA WAY
JACKSONVILLE, FL 32256 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:

02/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLERMONT, RAPHAEL A
Address: 8712 COMO LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: OGILVIE, DONNOVAN G
Address: 4982 GREENLAND HIDEAWAY DR N
City-St-Zip: JACKSONVILLE, FL 32258

Title: TD () Delete
Name: CLERMONT, SUSAN M
Address: 8712 COMO LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLERMONT, RAPHAEL A
Address: 9283 ARBOLITA WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP (X) Change () Addition
Name: OGILVIE, DONNOVAN G
Address: 4982 GREENLAND HIDEAWAY DR N
City-St-Zip: JACKSONVILLE, FL 32258

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DONNOVAN G. OGILVIE

VP

02/25/2008

Electronic Signature of Signing Officer or Director

Date