

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90270 017 ***150.00

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1. Entity Name
THE QUEST - AN EXPLORATION CORPORATION



Principal Place of Business
**200 GREENE ST.
KEY WEST, FL 33040**

Mailing Address
**200 GREENE ST.
KEY WEST, FL 33040**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0589675

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISHER, KIM
200 GREENE ST
KEY WEST, FL 33040**

Name **Fisher Kim**

Street Address (P.O. Box Number is Not Acceptable)

200 Greene St

City **Key West**

FL

Zip Code **33040**

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

Kim Fisher
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, 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 **P** ☐ Delete
NAME **FISHER, KIM**
STREET ADDRESS **200 GREENE ST.**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **S** ☐ Delete
NAME **FISHER, DOLORES**
STREET ADDRESS **200 GREENE ST.**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **T** ☐ Delete
NAME **ABT, TAFFI F**
STREET ADDRESS **200 GREENE ST.**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **VD** ☐ Delete
NAME **CLYNE, PATRICK**
STREET ADDRESS **200 GREENE ST**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **VP** ☒ Delete
NAME **FISHER, KANE**
STREET ADDRESS **200 GREENE ST**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(i), 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:

Kim Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

305-296-6533

Daytime Phone #