

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90389 019 ***150.00

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1. Entity Name

QUEST COMPANY OF CENTRAL FLORIDA, INC.



Principal Place of Business

921 DOUGLAS AVENUE
SUITE 200
ALTAMONTE SPRINGS, FL 32714

Mailing Address

921 DOUGLAS AVENUE
SUITE 200
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business

1180 Spring Centre S. Blvd.
Suite, Apt. #, etc.
Suite 102

3. Mailing Address

1180 Spring Centre S. Blvd.
Suite, Apt. #, etc.
Suite 102

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32714

Country

U.S.A.

Zip

32714

Country

U.S.A.

01032006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3412036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAFRENIERE, STEPHEN J
921 DOUGLAS AVENUE
SUITE 200
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name
LaFreniere, Stephen J.

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

1180 Spring Centre S. Blvd.

Suite 102

City
Altamonte Springs

FL

Zip Code
32714

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

Stephen J. LaFreniere

Stephen J. LaFreniere

4/19/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	<input type="checkbox"/> Delete
NAME	LAFRENIERE, STEPHEN J	
STREET ADDRESS	989 BEARDED OAKS TERRACE	
CITY-ST-ZIP	LONGWOOD PARK, FL 32750	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRUBER, JAMES	
STREET ADDRESS	2020 SHARON ROAD	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MACLARTY, SUE W	
STREET ADDRESS	7022 DELORA DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	TCFO	<input type="checkbox"/> Delete
NAME	LY, N. JULIE	
STREET ADDRESS	3537 CORAM LANE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Stephen J. LaFreniere

Stephen J. LaFreniere

4/19/06

(407) 786-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #