2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P96000096226 1. Entity Name QUEST COMPANY OF CENTRAL FLORIDA, INC.



Name

Principal Place of Business 1180 SPRING CENTRE SOUTH BLVD SUITE 102 ALTAMONTE SPRINGS EL 32714

LAFRENIERE, STEPHEN J

1180 SPRING CENTRE SOUTH BLVD

Mailing Address

1180 SPRING CENTRE SOUTH BLVD SUITE 102 ALTAMONTE SPRINGS EL 32714

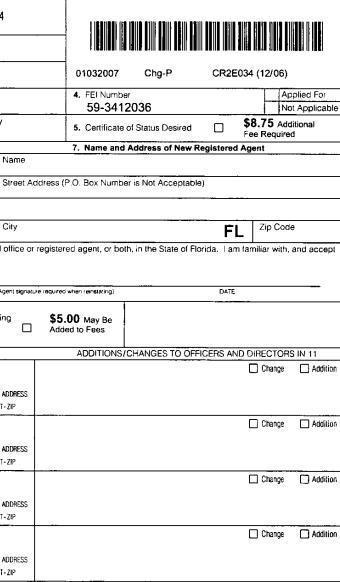
TETTOMORIE OF T	anos, 12 02711	O. Box # 3. Mailing Address				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.				
		City & State				
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

FILED Apr 18, 2007 8:00 am Secretary of State

04-18-2007 90188 033 ***150.00

40068194



SUITE 102	TE SPRINGS, FL 32714							
ALIAMON	112 3F KINGS, FE 327 14		City			FL	Zip Code	
	named entity submits this statement for the pions of registered agent.	ourpose of changing its regi	stered office or	registered agent, or bo	oth, in the State of Florida	. I am fa	miliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Reg	stered Agent signatu	re required when reinstating)	19774	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign F Trust Fund Contributi	· · ·	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAFRENIERE, STEPHEN J 989 BEARDED OAKS TERRACE LONGWOOD PARK, FL 32750		TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRUBER, JAMES 2020 SHARON ROAD WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACLARTY, SUE W 7022 DELORA DRIVE ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO LY, N. JULIE 3537 CORAM LANE CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		.,		□ Change	■ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		50mb	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
indicated	certify that the information supplied with this fon this report or supplemental report is true poration or the receiver of trustee empowere or on an attachment with an address. With a	and accurate and that my si	onature shall ha	eve the same legal effe	ct as it made under oath:	that Lar	n an officer	or director

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen J. La Francere

407-786-4001

Daytime Phone #