2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT# P96000096400

1. EntityName
DOUGLASPOINTFLORIDA,INC.

PrincipalPlaceofBusiness
% QUEST COMPANY
921 DOUGLAS AVENUE, SUITE 200
ALTAMONTE SPRINGS, FL 34714

MailingAddress
% QUEST COMPANY
921 DOUGLAS AVENUE, SUITE 200
ALTAMONTE SPRINGS, FL 34714

04192005 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
59-3412268
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

LAFRENIERE,STEPHENJ
921DOUGLASAVE
SUITE200
ALTAMONTESPRINGS,FL32714

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE RegisteredAgentsignaturerequiredwhenre installing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	D
NAME	LAFRENIERE,STEPHENJ
STREETADDRESS	921DOUGLASAVE#200
CITY-ST-ZIP	ALTAMONTESPRINGS,FL32714
TITLE	D
NAME	RUSSO,ROBERTD
STREETADDRESS	921DOUGLASAVE#200
CITY-ST-ZIP	ALTAMONTESPRINGS,FL32714
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000321069
04/21/05-80084-012 150.00

DO NOT WRITE IN THIS SPACE

12. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: Stephen J. LaFreniere 4/19/05 (407) 786-4001
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#