


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**


**DOCUMENT # P97000088692**

1. Entity Name  
VISION QUEST GALLERY & EMPORIUM, INC.



Principal Place of Business 230 WEST 15TH STREET PANAMA CITY, FL 32401	Mailing Address 230 WEST 15TH STREET PANAMA CITY, FL 32401
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**DO NOT WRITE IN THIS SPACE**



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3491502	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CAROTHERS, ROBERTA L  
7805 HWY 2311  
PANAMA CITY, FL 32404

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAROTHERS, ROBERTA L 7805 HWY 2311 PANAMA CITY, FL 32404
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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: Roberta L Carothers Date: April 7, 05 (850) 522-8552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR