

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90311 017 ***150.00

DOCUMENT # P97000092739

1. Entity Name

QUEST OF QUIETUDE VENTURES, INC.



Principal Place of Business

3615 BOCA CIEGA DRIVE
APT. 112
NAPLES FL 34112

Mailing Address

3615 BOCA CIEGA DR
APT 112
NAPLES FL 34112
US

2. Principal Place of Business

3. Mailing Address

3823 TAMIAH TRAIL EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 247

City & State

City & State

NAPLES, FL

Zip

Country

Zip

Country

34112

USA

4. FEI Number

43-1035876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER, GERALDINE F
3615 BOCA CIEGA DRIVE
APT. 112
NAPLES FL 34112

Name

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

City

FL

Zip Code

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
NAME FISHER, GERALDINE F
STREET ADDRESS 3615 BOCA CIEGA DR., APT. 112
CITY-ST-ZIP NAPLES FL 34112

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Geraldine Fisher

GERALDINE FISHER

4-12-06 618-288-6088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #