


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000099309 1. Entity Name AUTOQUEST INTERNATIONAL INC.	
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Principal Place of Business 6869 PARK BOULEVARD PINELLAS PARK, FL 33781	Mailing Address 6869 PARK BOULEVARD PINELLAS PARK, FL 33781
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DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3476360

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**CURWICK, JOHN
8665 MOCKINGBIRD LANE
SEMINOLE, FL 33771**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing for change of agent.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURWICK, JOHN 8665 MOCKINGBIRD LN SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURWICK, JOHN JR 6869 PARK BLVD PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURWICK, BARBARA J 8665 MOCKINGBIRD LN SEMINOLE, FL 33777
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IN THIS SPACE**

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02/16/04-80053-004 150.00

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: John Curwick John Curwick 2/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR