

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000077618	
1. Entity Name TRIQUEST, INC.	

Principal Place of Business 1501-C 6TH AVENUE IMMOKALEE, FL 34142	Mailing Address 1501-C 6TH AVENUE IMMOKALEE, FL 34142
---	---

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3543806	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MOODY, HOWARD
1501-C 6TH AVENUE
IMMOKALEE, FL 34142

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 relocating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	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	PD MOODY, HOWARD 1501-C 6TH AVENUE IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GONZALEZ, ANITA 7450 HUNTER'S POINT IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Anita Moody Gonzalez 1/12/07 Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #