2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 07, 2007 8:00 am Secretary of State 03-07-2007 90011 023 ***150.00 **DOCUMENT # P99000007738** QUEST CONSTRUCTION, INC. 4000000-Principal Place of Business Mailing Address **6020 B DEACON PLACE** 6020 B DEACON PLACE SARASOTA, FL 34238 SARASOTA, FL 34238 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 65-0893519 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BALL, CHARLES H O. Box Number is Not Acceptable) MCDANIEL & BALL, P.A. Main 1444 FIRST ST SARASOTA, FL 34236 City Sara suta 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 10 CJ SIGNATURE (NOTE: Registered Agent signature required when reinstating) ered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Defete TITLE TITLE JACKSON, MICHAEL NAME NAME STREET ADDRESS 6020 B. DEACON PLACE STREET ADDRESS CITY-ST-7IP SARASOTA, FL 34238 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition THOMPSON, JAMES NAME NAME STREET ADDRESS 1820 SOUTHWOOD ST STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

ACKSON
HEDF SIGNING OFFICER OR DIRECTOR

Michael

SIGNATURE:

FILED