


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000043689</b> 1. Entity Name <b>THE QUESTAR GROUP, INC.</b>	
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Principal Place of Business <b>THE QUESTAR GROUP INC 12412 SAN JOSE BLVD STE 405 JACKSONVILLE, FL 32223</b>	Mailing Address <b>THE QUESTAR GROUP INC 12412 SAN JOSE BLVD STE 405 JACKSONVILLE, FL 32223</b>
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**DO NOT WRITE IN THIS SPACE**

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3578703</b>	Applied For <input type="checkbox"/> 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

**ALTERMAN, LEOANRD M  
9116 CYPRESS GREEN DR #206  
JACKSONVILLE, FL 32256**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GASLIN, DAVID R 12412 SAN JOSE BLVD SUITE 405 JACKSONVILLE, FL 32223</b>
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04/27/04-80103-014 150.00

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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:**  **DAVID R GASLIN** 4/23/04 904-262-2427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #