## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P99000055637

1. Entity Name PASSION QUEST, INC.



FILED Apr 10, 2007 08:00 AM Secretary of State

Principal Place of Business

PO BOX 560914 ROCKLEDGE, FL 32955 Mailing Address

PO BOX 560914 ROCKLEDGE, FL 32955



## DO NOT WRITE IN THIS SPACE

03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3594627 

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, DERRICK L **414 LENORE COURT** ROCKLEDGE, FL 32955

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.						
Signature Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renetating)  DATE						<del></del>
		Election Campaign Finar     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000697878 04/18/07-80057-017	150.00
10.	OFFICERS AND DIREC	TORS				4.4.
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, DERRICK 414 LENORE COURT ROCKLEDGE, FL 32955					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
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TITLE NAME STREET ADDRESS 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						

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

Increase certify that the information supplied with his filling does not quality 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 807. 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: X