
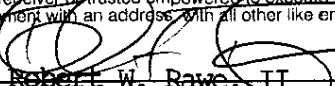


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90290 018 ***158.75

DOCUMENT # P99000092829 1. Entity Name QUEST CONTRACTING SERVICES, INC.					
Principal Place of Business 5715 CORPORATE WAY WEST PALM BEACH, FL 33407			Mailing Address 5715 CORPORATE WAY WEST PALM BEACH, FL 33407		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03082004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-0955528	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAWE, LISA M 5715 CORPORATE WAY WEST PALM BEACH, FL 33407				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAWE, ROBERT W II	NAME			
STREET ADDRESS	5715 CORPORATE WAY	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP			
TITLE	VS <input type="checkbox"/> Delete	TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOLFE, JAN A JR	NAME			
STREET ADDRESS	5715 CORPORATE WAY	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP			
TITLE	VT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCALLES, JOSE	NAME			
STREET ADDRESS	5715 CORPORATE WAY	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Lisa A. Rawe		
STREET ADDRESS		STREET ADDRESS	13195 Rolling Green Road		
CITY-ST-ZIP		CITY-ST-ZIP	North Palm Beach, FL 33408		
TITLE	<input type="checkbox"/> Delete	TITLE	V/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Michelle S. Teachout		
STREET ADDRESS		STREET ADDRESS	12101 Tumbleweed Ct.		
CITY-ST-ZIP		CITY-ST-ZIP	Wellington, FL 33414		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		President		04/23/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		561-691-9400 <small>Daytime Phone</small>	