2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State
02-19-2004 90032 012 ***150.00

DOCUMENT # V67012

1. Entity Name
BRIDGEQUEST, INC.

Principal Place of Business	Mailing Address
6732 140TH LANE NORTH PALM BEACH GARDENS, FL 33418	6732 140TH LANE NORTH PALM BEACH GARDENS, FL 33418

02162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10205 S. Indian River Dr.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce, Florida	City & State
Zip: 34982 Country: St Lucie	Zip Country

4. FEI Number: 65-0364416 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH MICHAEL W. 10205 S. ISLAND RIVER DR. FORT PIERCE, FL 34982	Name: Marc Stiner Street Address (P.O. Box Number is Not Acceptable): 1101 S. Indian River DR City: Fort Pierce FL Zip Code: 34982

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: [signature] DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, MICHAEL W. 10205 S. INDIAN RIVER DR. FORT PIERCE, FL 34982	☒ Delete	P Michael HaarLander 17 Loma Alta LaKeland, Florida 33813	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, TINKA 10205 S. ISLAND RIVER DR. FORT PIERCE, FL 34982	☒ Delete	ST Natalie HaarLander 17 Loma Alta LaKeland, Florida 33813	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] Michael Haarlander 2-18-04 772-785-5779

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