


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90007 034 ****70.00

| | | | |
|---|--|---|---|
| DOCUMENT # N04000010248 1. Entity Name QUIK-AID INC. | |  | |
| Principal Place of Business 7100 ULMERTON RD. #635 LARGO FL 33771 | | Mailing Address 7100 ULMERTON RD. #635 LARGO FL 33771 | |
| 2. Principal Place of Business - No P.O. Box # 239 Shell Falls Dr. | | 3. Mailing Address 239 Shell Falls Dr. | |
| Suite, Apt. #, etc. _____ | | Suite, Apt. #, etc. _____ | |
| City & State Apollo Beach, FL | | City & State Apollo Beach, FL | |
| Zip 33572 | | Zip 33572 | |
| Country Hillsborough | | Country Hillsborough | |
| 4. FEI Number 56-2489530 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 2nd MOORE CR2E037 (4/07) | |
| 6. Name and Address of Current Registered Agent CUKIERSKI, PATRICK 7100 ULMERTON RD. #635 LARGO FL 33771 | | 7. Name and Address of New Registered Agent Name Karen Fox Street Address (P.O. Box Number Not Acceptable) 239 Apollo Beach 239 Shell Falls Drive City Apollo Beach FL Zip Code 33572 | |
| 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 Karen Fox DATE 8-1-07 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW: FEE IS \$61.25 Due By September 5, 2007 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD FOX, KAREN 4419 MURFIELD DR. EAST BRADENTON FL 34203 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP CUKIERSKI, PATRICK 7100 ULMERTON RD. #635 LARGO FL 33771 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD CORSO, GRETCHEN 2301 LAKEWOOD ST LIMA FL 45805 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD Ohio PURTELL, KRISTIN 2269 WEST ELM ST LIMA OH 45805 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Ohio | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing 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 617, 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 **Karen Fox**

8-1-07