

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010248

Entity Name: QUIK-AID INC.

FILED  
Feb 25, 2008  
Secretary of State

**Current Principal Place of Business:**

239 SHELL FALLS DR  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

239 SHELL FALLS DR  
APOLLO BEACH, FL 33572

**New Mailing Address:**

FEI Number: 56-2489530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOX, KAREN  
239 SHELL FALLS DR  
APOLLO BEACH, FL 33572 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FOX, KAREN  
Address: 4419 MURFIELD DR. EAST  
City-St-Zip: BRADENTON, FL 34203

Title: VP ( ) Delete  
Name: GREVSTAD, ROLAND  
Address: 1807 N. CHARLES  
City-St-Zip: LIMA, OH 45807

Title: TD ( ) Delete  
Name: CORSO, GRETCHEN  
Address: 2301 LAKEWOOD ST  
City-St-Zip: LIMA, FL 45805

Title: SD ( ) Delete  
Name: PURTELL, KRISTIN  
Address: 2269 WEST ELM ST  
City-St-Zip: LIMA, FL 45805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: FOX, KAREN  
Address: 239 SHELL FALLS DR.  
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN FOX

PRES

02/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date