

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143547

Entity Name: QUAD VENTURES, INC.

FILED  
Feb 14, 2005  
Secretary of State

## Current Principal Place of Business:

1644 SW ST JAMES CT  
LAKE CITY, FL 32025

## New Principal Place of Business:

## Current Mailing Address:

1644 SW ST JAMES CT  
LAKE CITY, FL 32025

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LESTOCK, JAMES J  
1644 SW ST JAMES CT  
LAKE CITY, FL 32025 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LESTOCK, JAMES J  
Address: 1644 SW ST JAMES CT  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: LESTOCK, NANCY A  
Address: 1644 SW ST JAMES CT  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: HETRICK, CHRISTOPHER  
Address: 304 SE MOWHAWK WAY  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: HETRICK, MONTA  
Address: 304 SE MOWHAWK WAY  
City-St-Zip: LAKE CITY, FL 32025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J LESTOCK

PRES

02/14/2005

Electronic Signature of Signing Officer or Director

Date