

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000143547

1. Entity Name
QUAD VENTURES, INC.



Principal Place of Business
1644 SW ST JAMES CT
LAKE CITY, FL 32025

Mailing Address
1644 SW ST JAMES CT
LAKE CITY, FL 32025

DO NOT WRITE IN THIS SPACE

**FILED
Apr 10, 2006 8:00 am
Secretary of State**

04-10-2006 90298 048 ***150.00

60026177



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10.

OFFICERS AND DIRECTORS

TITLE D
NAME LESTOCK, JAMES J
STREET ADDRESS 1644 SW ST JAMES CT
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE D
NAME LESTOCK, NANCY A
STREET ADDRESS 1644 SW ST JAMES CT
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE D
NAME HETRICK, CHRISTOPHER
STREET ADDRESS 304 SE MOWHAWK WAY
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE D
NAME HETRICK, MONTA
STREET ADDRESS 304 SE MOWHAWK WAY
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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: *James J. Lestock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES J. LESTOCK

4-4-06

386-755-1860

Date

Daytime Phone #