

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000143547

Entity Name: QUAD VENTURES, INC.

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

304 SE MOHAWK WAY  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

304 SE MOHAWK WAY  
LAKE CITY, FL 32025

**New Mailing Address:**

FEI Number: 25-1910464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HETRICK, MONTA M PRES  
304 SE MOHAWK WAY  
LAKE CITY, FL 32025 US

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

HETRICK, MONTA M  
304 SE MOHAWK WAY  
LAKE CITY, FL 32025 US

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: MONTA HETRICK

03/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,T  
Name: HETRICK, MONTA M  
Address: 304 SE MOHAWK WAY  
City-St-Zip: LAKE CITY, FL 32025

Title: V,S  
Name: HETRICK, CHRISTOPHER M  
Address: 304 SE MOHAWK WAY  
City-St-Zip: LAKE CITY, FL 32025

I hereby 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 all other like empowered.

SIGNATURE: MONTA HETRICK

P

03/22/2011

Electronic Signature of Signing Officer or Director

Date