


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P36320**  
 1. Entity Name  
 12684 CORPORATION



Principal Place of Business  
 EMIL C. MARQUARPT  
 625 COURT STREET  
 CLEARWATER, FL 33756 US

Mailing Address  
 BARRIE D. ROSE  
 2100 38 AVENUE RD  
 TORONTO, ONTARIO, CANADA, M5R -G3



**DO NOT WRITE IN THIS SPACE**

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 51-0334546

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARQUARDT, EMIL C., JR.  
 625 COURT STREET  
 2ND FLOOR  
 CLEARWATER, FL 33756

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ROSE, BARRIE D. 2100-38 AVENUE RD TORONTO, ONTARIO, CANADA, m5r 2g3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSE, JOHN A. 28 PEVERIL HILL RD. NO. TORONTO, ONT., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSE, ROBERT A. 44 S. JOSEPH STREET, STE 2814 TORONTO, ONT., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSE, PAUL A. 2100-38 AVENUE RD TORONTO, ONTARIO, CANADA, m5r 2g3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000125050  
 04/22/04-80068-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: BARRIE D ROSE PRESIDENT

Date: April 21, 2004 Daytime Phone #: 416 745-3333