

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90016 036 ***150.00

DOCUMENT # P38037

1. Entity Name
CERTA PROPAINTERS LTD. INC.



Principal Place of Business

**150 GREEN TREE RD
SUITE 1003
OAKS, PA 19456 US**

Mailing Address

**C/O FERRANTE & ASSOCIATES
126 PROSPECT STREET
CAMBRIDGE, MA 02139 US**

54022265



2. Principal Place of Business

3. Mailing Address

% Corporation Service Company

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1201 Hays Street

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32301

US

03102004

Chg-P

CR2E034 (10/03)

4. FEI Number

04-3140719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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
**ASCF
LEIBY, JAMES S
150 GREEN TREE ROAD, SUITE 1003
OAKS, PA 19456** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FOUGERON, GEORGE
150 GREEN TREE ROAD, SUITE 1003
OAKS, PA 19456** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CLEMENTS, PAUL W.
5397 EGLINTON AVE. WEST, SUITE 108
ETOBICAKE, ONTARIO, CANADA, m9c 5k6** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROGERS, STEVEN S.
5397 EGLINTON AVE. WEST, SUITE 108
ETOBICAKE, ONTARIO, CANADA, m9c 5k6** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Charles E. Chase
150 Green Tree Rd., Suite 1003
Oaks, PA 19456** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
John B. Friedrichsen
1140 Bay Street, Suite 4000
Toronto, ON M5S 2B4** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
Douglas G. Cooke
1140 Bay Street, Suite 4000
Toronto, ON M5S 2B4** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Chase

Date

Daytime Phone #

(610) 650-9999