


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90002 025 ***150.00

DOCUMENT # P96000096017 1. Entity Name ONTARIO WAREHOUSE I, INC.					
Principal Place of Business 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE, FL 32308			Mailing Address 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3413039	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TODD, DAVID E 1801 HERMITAGE BOULEVARD SUITE 100 TALLAHASSEE, FL 32308			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D BENNETT, DOUGLAS W <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1801 HERMITAGE BOULEVARD, SUITE 600		NAME		
STREET ADDRESS	TALLAHASSEE, FL 32308		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPS FARALDO, MARK <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8750 NORTH CENTRAL EXPRESSWAY #800		NAME		
STREET ADDRESS	DALLAS, TX 75237		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DVAT GRAY, LYNNE M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1801 HERMITAGE BLVD., SUITE 600		NAME		
STREET ADDRESS	TALLAHASSEE, FL 32308		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DVAS SMITH, JEFFERY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1801 HERMITAGE BLVD #600		NAME		
STREET ADDRESS	TALLAHASSEE, FL 32308		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VTAS WEAVER, REGINA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8750 N CENTRAL EX PKWY #800		NAME		
STREET ADDRESS	DALLAS, TX 75231		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V DALEY, EDWARD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8750 N CENTRAL EXPRESSWAY, SUITE 800		NAME	Merrill Curtis	
STREET ADDRESS	DALLAS, TX 75231		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Mark P. Faraldo</u> <u>Mark P. Faraldo</u> V.S. 3-12-04 2149 890800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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