


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000096017**

1. Entity Name  
**ONTARIO WAREHOUSE I, INC.**



Principal Place of Business	Mailing Address
1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE, FL 32308	1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE, FL 32308

**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3413039</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TODD, DAVID E**  
**1801 HERMITAGE BOULEVARD**  
**SUITE 100**  
**TALLAHASSEE, FL 32308**

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENNETT, DOUGLAS W
STREET ADDRESS	1801 HERMITAGE BOULEVARD, SUITE 600
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VPS
NAME	FARALDO, MARK
STREET ADDRESS	8750 NORTH CENTRAL EXPRESSWAY #800
CITY-ST-ZIP	DALLAS, TX 75237
TITLE	DVAT
NAME	GRAY, LYNNE M
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	DVAS
NAME	SMITH, JEFFERY
STREET ADDRESS	1801 HERMITAGE BLVD #600
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VTAS
NAME	WEAVER, REGINA
STREET ADDRESS	8750 N CENTRAL EX PKWY #800
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	V
NAME	CURTIS, MERRILL
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, SUITE 800
CITY-ST-ZIP	DALLAS, TX 75231

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Mark P. Faraldo* *Mark P. Faraldo* 1/25/05 2149890800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #