

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F93000000607

1. Entity Name  
136401 CANADA INC.



**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1537 ALINE AVE  
ORLEANS ON CANADA, K4A3Y-7

Mailing Address  
1537 ALINE AVE  
ORLEANS ON CANADA, K4A3Y-7



**DO NOT WRITE IN THIS SPACE**

01222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
52-1814359

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BRUNTON REGISTERED AGENTS INC.  
4710 N.W. BOCA RATON BLVD., #101  
BOCA RATON, FL 33431

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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

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 P  
NAME FINLAY, THERESE  
STREET ADDRESS 9 WICK CRESCENT  
CITY-ST-ZIP GLOUCESTER, ON K1J JH1

TITLE S  
NAME FINLAY PARENT, DEBORAH  
STREET ADDRESS 1537 Aline Ave.  
CITY-ST-ZIP Orleans, ON K4A 3Y7

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #