

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90066 039 \*\*\*150.00

**DOCUMENT # F00000005671**

**1. Entity Name**  
**READ JONES CHRISTOFFERSON LTD.**  
**(INCORPORATED)**



**Principal Place of Business**  
1285 WEST BROADWAY, 3RD FL  
BC CANADA V6H 3X8,

**Mailing Address**  
1285 WEST BROADWAY, 3RD FL  
BC CANADA V6H 3X8, CN v6h-3x8

**94067712**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004

Chg-P

CR2E034 (10/03)

City & State

City & State

**4. FEI Number**

**98-0345716**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **WEBSTER, NORMAN**  
**STREET ADDRESS** **52 WOODMOUNT RISE S.W.**  
**CITY-ST-ZIP** **CALGARY, ALBERTA,**

**TITLE** **DIRECTOR** ☐ Change ☒ Addition  
**NAME** **HARDER, JOHN**  
**STREET ADDRESS** **134 - 7th AVENUE S.W.**  
**CITY-ST-ZIP** **CALGARY, ALBERTA T2W 4L5**

**TITLE** **D** ☒ Delete  
**NAME** **CHRISTOFFERSEN, PER T**  
**STREET ADDRESS** **95 DEERFIELD PLACE**  
**CITY-ST-ZIP** **DELTA BC CANADA,**

**TITLE** **DIRECTOR** ☐ Change ☒ Addition  
**NAME** **BRENNER, RONALD**  
**STREET ADDRESS** **1989 GRANDVIEW AVENUE**  
**CITY-ST-ZIP** **VICTORIA, B.C. V8N 2V2**

**TITLE** **S** ☐ Delete  
**NAME** **CORBETT, JEFFREY T**  
**STREET ADDRESS** **5313 KETCH PLACE**  
**CITY-ST-ZIP** **DELTA BC,**

**TITLE** **DIRECTOR** ☐ Change ☒ Addition  
**NAME** **KULA, PETER**  
**STREET ADDRESS** **399 GLENLAKE AVENUE**  
**CITY-ST-ZIP** **TORONTO, ONTARIO M6P 1G5**

**TITLE** **D** ☒ Delete  
**NAME** **WALLACE, SCOTT**  
**STREET ADDRESS** **5 COWAN AVE**  
**CITY-ST-ZIP** **TORONTO, ONTARIO, CA m5k 2n1**

**TITLE** **DIRECTOR** ☐ Change ☒ Addition  
**NAME** **STONE, TED**  
**STREET ADDRESS** **74 DEANE CRESCENT**  
**CITY-ST-ZIP** **ST. ALBERT, ALBERTA T8N 4Z9**

**TITLE** **C** ☐ Delete  
**NAME** **FERRI, GINO L**  
**STREET ADDRESS** **STE. 164, 70 WOODLANDS RD.**  
**CITY-ST-ZIP** **ST. ALBERT, ALBERTA, CN**

**TITLE** **CHAIRMAN** ☒ Change ☒ Addition  
**NAME** **FERRI, GINO**  
**STREET ADDRESS** **22 WHITE OAKS ESTATE**  
**CITY-ST-ZIP** **ST. ALBERT, ALBERTA T8N 3M2**

**TITLE** **D** ☒ Delete  
**NAME** **TROVATO, NICOLA**  
**STREET ADDRESS** **96 QUESNELL CRESCENT**  
**CITY-ST-ZIP** **EDMONTON, ALBERTA, CA t5b 5g9**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEFFREY CORBETT APRIL 21, 2004**

Date

Day: (304) 738-0048