

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000051927

**Entity Name:** HOME IMPROVEMENT CALL CENTER CORP.

**Current Principal Place of Business:**

8 SPADINA AVENUE, SUITE 2400  
TORONTO, ONTARIO M5V0S8

**Current Mailing Address:**

8 SPADINA AVENUE  
SUITE 2400  
TORONTO, M5V0S8 CA

**FEI Number:** 30-0833416

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO/D  
Name            GARRITY, MICHAEL  
Address        115 LYTTON BLVD.  
City-State-Zip: TORONTO, ONTARIO, CANADA

Title            OFFICER, DIRECTOR  
Name            TAMBURRO, DANTE  
Address        14 WARLOCK CRESCENT  
City-State-Zip: TORONTO, ONTARIO, CANADA

Title            OFFICER, DIRECTOR  
Name            JEFFREY, SHAWN  
Address        5359 CACHET CRESCENT  
City-State-Zip: BURLINGTON, ONTARIO, CANADA

Title            OFFICER, DIRECTOR  
Name            GREGORY, THOMAS  
Address        950 HAZEL STREET  
City-State-Zip: BURLINGTON ONTARIO L7R 3X3

Title            CFO, DIRECTOR  
Name            YIELDING, DAVID  
Address        2172 GLENFIELD ROAD  
City-State-Zip: OAKVILLE ONTARIO L6M3S6

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DANTE TAMBURRO

**GENERAL COUNSEL**

**01/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date