


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 819265 1. Entity Name LEWIS REFRIGERATION CO.	
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Principal Place of Business 395 WEST 1100 NORTH NORTH SALT LAKE, UT 84054	Mailing Address 395 WEST 1100 NORTH NORTH SALT LAKE, UT 84054
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04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 91-0673306	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

SCRIVEN, LANSING C  
 2700 BARNETT PLAZA  
 101 EAST KENNEDY BLVD.  
 TAMPA, FL 33601-1102

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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

UD00000131321  
 04/26/04-80150-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEOD, S. D. 65 VILLIERS ST. TORONTO, ONT, CA m5a 3s1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SORENSEN, HUGO 3143 HIGHWAY 7 WEST CONCORD, ONT, CA l4k 1b7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARAVI, ANNA 3143 E. FAWNWOOD COVE SANDY, UT 84092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, WAYNE 7 PRINCESS ANNE CRESCENT ETOBICOKE, ONTARIO, M9A 2N9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RUSSELL, GUY 65 VILLIERS ST. TORONTO, ONT, CA m5a 3s1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 fees empowered.

SIGNATURE:  Date: 4/22/04 Daytime Phone #: 416-465-7581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR