

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90186 007 ***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

40050420



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03232007 Chg-P CR2E034 (12/06)

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, 2007 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 **D** ☐ Delete
NAME **WEBSTER, NORMAN**
STREET ADDRESS **500, 1816 CROWCHILD TRAIL NW**
CITY-ST-ZIP **CALGARY ALBERTA CANADA, t2m3y7**

TITLE **D** ☐ Change ☒ Addition
NAME **STONE, TED**
STREET ADDRESS **100, 14904 - 123RD AVENUE**
CITY-ST-ZIP **EDMONTON ALBERTA CANADA**

TITLE **C** ☐ Delete
NAME **MAZZA, RONALD**
STREET ADDRESS **500, 144 FRONT STREET WEST**
CITY-ST-ZIP **TORONTO ONTARIO CANADA, m5j2l7**

TITLE **T5V 1B4** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CORBETT, JEFFREY T**
STREET ADDRESS **3RD FL, 1285 WEST BROADWAY**
CITY-ST-ZIP **VANCOUVER, B.C. CANADA, v6h3x8**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRD** ☐ Delete
NAME **CLARK, DOUGLAS**
STREET ADDRESS **3RD FLOOR 1285 W BROADWAY**
CITY-ST-ZIP **VANCOUVER, BC CANADA, v6h 3x8**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **FERRI, GINO L**
STREET ADDRESS **100, 14904 123RD AVENUE**
CITY-ST-ZIP **EDMONTON ALBERTA CANADA, t5v1b4**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SARVINIS, PHILLIP**
STREET ADDRESS **500, 144 FRONT STREET WEST**
CITY-ST-ZIP **TORONTO ONTARIO CANADA, m5j2l7**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JEFFREY T.A. CORBETT

604-738-0048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #