

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90058 039 ***150.00

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1. Entity Name

1162191 ONTARIO LIMITED COMPANY



Principal Place of Business

1081 HALLS ROAD
PORT CARLING
ONTARIO, CANADA POB 110,

Mailing Address

1081 HALLS ROAD
PORT CARLING
ONTARIO, CANADA POB 110,



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

98-0207835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WBG - SW FLORIDA, INC.
3461 BONITA BAY BLVD., STE 101
BONITA SPRINGS, FL 34134

**DO NOT WRITE
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 PD
NAME PARSONS, ROBERT S
STREET ADDRESS 1081 HALLS ROAD
CITY-ST-ZIP PORT CARLING, ONTARIO CANADA, POB 110

TITLE ST
NAME PARSONS, ANN
STREET ADDRESS 1081 HALLS ROAD
CITY-ST-ZIP PORT CARLING, ONTARIO CANADA,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Robert S. Parsons

ROBERT S. PARSONS

Apr 1/04 (705) 765-5443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #