

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000005964	
1. Entity Name WM. DEJONG ENTERPRISES U.S., INC.	



Principal Place of Business 773451 COUNTY ROAD 59 NORWICH ONTARIO CANADA NOJ1P0, XX	Mailing Address PO BOX 39 NORWICH ONTARIO CANADA NOJ1P0, XX
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07192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3136001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILKINSON, G. BARRY 696 FIRST AVENUE NORTH STE. 201 ST PETERSBURG, FL 33701	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP DEJONG, WILLIAM 773451 COUNTY ROAD 59 NORWICH ONTARIO NOJ1P0,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DEJONG, MARGIE 773451 COUNTY ROAD 59 NORWICH ONTARIO NOJ1P0,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT DEJONG, SCOTT 773451 COUNTY ROAD 59 NORWICH ONTARIO NOJ1P0,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/25/05-80011-008 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott De Jong

07-19-2005

Date

519-424-9007

Daytime Phone #