


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F28588 1. Entity Name RESNEX, INC.	
--	---

Principal Place of Business 10 BAYTREE CRESCENT NORTH YORK ONTARIO M2L2-3 CANADA, XX	Mailing Address 10 BAYTREE CRESCENT NORTH YORK ONTARIO M2L2-3 CANADA, XX
---	---



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE# Number 59-2133940	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEACOCK, ROBERT W, JR
315 EAST ROBINSON, STE. #600
LANDMARK CENTRE, BLDG. 1
ORLANDO, FL 32801

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CRAWFORD, HOWARD 17 WOODMOUNT DR ST CATHARINES, ONT.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LABERGE, EARL 10 BAYTREE CRESCENT WILLOWDALE, ONT.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REISS, JOSEPH 255 WARREN RD ST CATHARINES, ONT.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, HOWARD 17 WOODMOUNT DR ST CATHARINES, ONT.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000357246
05/04/05-80067-012 150.00

**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)(f), 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: Earl Laberge April 27, 2005 416/226-4886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #