

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F37587

1. Entity Name
WESTON-FLORIDA DEVELOPMENT CORPORATION - FT.
PIERCE #1



Principal Place of Business

50 CONFEDERATION PKWY
CONCORD ONTARIO 14K4T8
CANADA, XX

Mailing Address

50 CONFEDERATION PKWY
CONCORD ONTARIO 14K4T8
CANADA, XX

FILED

2007 NOV 30 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/11/07 01010 005 150.00



REINSTATEMENT

05/01/07 01010 005 150.00 (11/05) 07

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2154404

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANTON, CPA, JOHN P
6 SABAL CT
STUART, FL 34996

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
Due by September 14, 2007

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
P
MUZZO, ALEX
50 CONFEDERATION PKWY
CANADA,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
MUZZO, MARC A
186 SYLVADENE PKWY
WOODBIDGE, ONTARIO, CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/3
00

2/2

WESTON – FLORIDA HOLDING CORPORATION

50 Confederation Parkway, Concord ONTARIO L4K 4T8

Tel: 905-326-4000 Fax: 905-326-4002

October 26, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

U.S.A

Subject: WESTON-FLORIDA HOLDING CORP.

FEI Number: 59-2154404

Reinstate corporation with corrected address and waive late fees

On a follow up call with your representative regarding receipt of payment of \$150.00, we got notified that the corporation has been dissolved. Please reinstate the corporation for the following reasons –

1. A request of waiver was made.
2. All previous documents including the letter regarding the dissolution were never received as it was sent to the incorrect address. Please update the correct postal code to: **L4K 4T8**
3. The document with the fee was sent September 11, 2007 **before** the due date September 14, 2007, the receipt is being attached.
4. The receipt for registered mail for year 2006 is also being sent to prove that in the similar situation last year, the registered mail was sent on the due date September 6, 2006 and the waiver was still honored.

We strongly believe the corporation should be reinstated without further disagreements.

Thank you,

Yours truly,



PENNY HO (CONTROLLER)