

2006 FOR PROFIT CORPORATION ANNUAL REPORT

7/21/2006-90026-025-\$150.00-\$150.00

FILED

06 AUG 14 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F71244 1. Entity Name COLD SPRINGS VILLAGE, INC.			
Principal Place of Business 149 BROCK STREET, P.O. BOX 100 THAMESFORD, ONTARIO NOM 2MO CANADA, XX		Mailing Address 149 BROCK STREET, P.O. BOX 100 THAMESFORD, ONTARIO NOM 2MO CANADA, XX	
2. Principal Place of Business 149 Brock Street Suite, Apt. #, etc. PO Box 100 City & State Thamesford ON Zip NOM 2MO Country Canada		3. Mailing Address 149 Brock Street Suite, Apt. #, etc. Box 100 City & State Thamesford ON Zip NOM 2MO Country Canada	
4. FEI Number 59-2274185		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIVINE, RUSSELL W 24 SOUTH ORANGE AVE. ORLANDO, FL 32801		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP CD DODDS, DOUG 149 BROCK ST., BOX 100 THAMESFORD ONTARIO,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP P Rick Young 149 Brock Street Thamesford, Ontario NOM 2MO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D HOOPER, GERALD 149 BROCK ST., #BOX 100 THAMESFORD, ONTARIO,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP D Teresa Fortney 149 Brock Street Thamesford, Ontario NOM 2MO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D CRAM, BRIAN 149 BROCK STREET #100 THAMESFORD, ONTARIO, CA NOM-20	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP T, S Michelle Wagter 149 Brock Street Thamesford, Ontario NOM 2MO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Michelle Wagter		July 12, 2006 519-285-3940	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

20 8/16