

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90326 038 ***150.00

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1. Entity Name
847895 ONTARIO LIMITED CORPORATION

Principal Place of Business

**9617 SPRING LAKE DR
CLERMONT, FL 34711 US**

Mailing Address

**ONE YORKDALE ROAD
SUITE 510
TORONTO, ONTARIO, CA m6a-3a1**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

One Yorkdale Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 601

04112008

Chg-P

CR2E034 (12/06)

City & State

City & State

Toronto, Ontario

4. FEI Number

98-0107308

Applied For

Not Applicable

Zip

Country

Zip

M6A 3A1

Country

Canada

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRATT, JAMES R ESQ.
GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS
369 NORTH NEW YORK AVENUE, 3RD FLOOR
WINTER PARK, FL 32789**

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

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, 2008 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	<input type="checkbox"/> Delete
NAME	SILVER, SHOEL	
STREET ADDRESS	ONE YORKDALE RD. STE 510	
CITY-ST-ZIP	TORONTO, ONTARIO, CA m6a 3a1	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOPER, BERNARD	
STREET ADDRESS	ONE YORKDALE RD. STE 510	
CITY-ST-ZIP	TORONTO, ONTARIO, CA m6a 3a1	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	LUBIN, LAWRENCE	
STREET ADDRESS	ONE YORKDALE RD. STE 510	
CITY-ST-ZIP	TORONTO, ONTARIO, CA m6a 3a1	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EILEEN, SILVER	
STREET ADDRESS	ONE TORKDALE RD STE 510	
CITY-ST-ZIP	TORONTO CANADA 146A9A1,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	One Yorkdale Road, Suite 601
CITY-ST-ZIP	Toronto, ON Canada M6A 3A1
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	One Yorkdale Road, Suite 601
CITY-ST-ZIP	Toronto, ON Canada M6A 3A1
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	One Yorkdale Road, Suite 601
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #

10 APR 2008

416 785 6000