

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2005 8:00 am
Secretary of State

06-22-2005 90077 002 ***150.00
07-22-2005 90020 033 ***400.00

DOCUMENT # F93000002865 1. Entity Name CANFAIN LIMITED, INC.	
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Principal Place of Business P.O. BOX N-529 NASSAU, BAHAMA,	Mailing Address C/O PATTI HARDIN 1470 ROYAL PALM SQ. BLVD. FT. MYERS, FL 33919
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50057018



05242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0403289	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**HARDIN, PATTI
HUGHES SNELL & COMPANY
1470 ROYAL PALM SQUARE BLVD
FT. MYERS, FL 33919**

**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 _____ (NOTE: Registered Agent signature required when renouncing) 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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS KIELHORN, ALF 1470 ROYAL PALM SQUARE BLVD FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIELHORN, BRIGITTE 1470 ROYAL PALM SQUARE BLVD FT MYERS, FL 33919
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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 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:  **06.10.05** **001-239-039-2233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certificate Phone #