


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90204 027 ***158.75

DOCUMENT # F93000003783 1. Entity Name EBEL HOLDINGS INC.					
Principal Place of Business 133 N. FT. HARRISON AVENUE CLEARWATER, FL 33755			Mailing Address 11 MUIR AVE. HAMILTON, ONTARIO, CA L8T2T-9		
2. Principal Place of Business - No P.O. Box # 57 JOHN ST. S. Suite, Apt. #, etc. HAMILTON - ONTARIO City & State CANADA Zip L8N 2B9		3. Mailing Address 57 JOHN ST. S. Suite, Apt. #, etc. HAMILTON - ONTARIO City & State Zip L8N 2B9			
Country CANADA		Country CANADA			
6. Name and Address of Current Registered Agent WINTERS, ELISE 133 N. FT. HARRISON AVE CLEARWATER, FL 33755			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BARTKIW, ROMAN 57 JOHN STREET SOUTH HAMILTON, ONTARIO, CANADA, CA L8N 2T8		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BARTKIW, HELEN 57 JOHN STREET SOUTH HAMILTON, ONTARIO, CANADA, CA L8N 2T8		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>R. Bartkiw</i></u> April 4, 2007 905-528-8800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



04042007 Chg-P CR2E034 (12/06)

4. FEI Number **58-1897033** Applied For Not Applicable

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