

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90036 024 \*\*\*150.00

**DOCUMENT # F94000001215**

1. Entity Name  
**ANITA K INC.**



Principal Place of Business

~~BOX 100~~  
**2294 WILDLIFE WAY**  
**NORTH GOWER, ONTARIO, CA**  
**RR4 KEMPTVILLE**

*SAME*

Mailing Address

~~PO BOX 432 MS~~  
**OTTAWA CANADA K0A 2F0**  
**KOG 130**

**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOYER, EDWIN M ESQUIRE**  
**46 N WASHINGTON BLVD**  
**SUITE 2**  
**SARASOTA, FL 34236**

**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**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTCD**  
**KERTZER, ANITA**  
**BOX 100 2294 WILDLIFE WAY RR4 KEMPTVILLE**  
**NORTH GOWER, ONTARIO, CA K0A 2F0 KOG 130**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVD**  
**KERTZER, MORRIS**  
**BOX 2294 WILDLIFE WAY RR4 KEMPTVILLE**  
**NORTH GOWER, ONTARIO, CA K0A 2F0 KOG 130**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

*Morris Kertzer*  
**MORRIS KERTZER**

**29 JAN 2008**

Date

Daytime Phone #

**1-613-232-7171**

**1-941-387-2538**