

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000002793

1. Entity Name

ROYKER INVESTMENTS LIMITED CORP.



FILED

04 FEB -9 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number

98-0163161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRUNTON REGISTERED AGENTS, INC.
4710 NW BOCA RATON BLVD., #101
BOCA RATON, FL 33431

**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, 2004 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
NAME	HOWE, RAYMOND
STREET ADDRESS	32 BARBICAN TRAIL
CITY-ST-ZIP	ST CATHERINE ONTARIO,
TITLE	D
NAME	HOWE, MICHAEL
STREET ADDRESS	2586 5TH STREET LOUTH
CITY-ST-ZIP	ST. CATHARINES, ONTARIO, l2r 6p7
TITLE	D
NAME	HOWE, KERRY T JR.
STREET ADDRESS	15 PINE ST.
CITY-ST-ZIP	ST CATHERINE ONTARIO,
TITLE	D
NAME	DEGASPERIS, MARY-TERESA
STREET ADDRESS	5 BRIARWOOD DRIVE
CITY-ST-ZIP	ST CATHERINES ORTARIO, l254a6
TITLE	D
NAME	COLACARRO, SHEILA
STREET ADDRESS	3 VILLAGE GREEN
CITY-ST-ZIP	ST CATHERINE ONTARIO,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800028660958
02/12/04--01037--030 **150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY HOWE

Date

FEB. 3/04

Daytime Phone #

905-688-1012