

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90042 037 ***150.00

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1. Entity Name
GOSSNER MANAGEMENT LIMITED COMPANY



00040714

Principal Place of Business
**GOSSNER MANAGEMENT LIMITED
#2207 ONE YONGE ST.
TORONTO, ON M5E 1E5
M5E 1E5**

Mailing Address
**GOSSNER MANAGEMENT LIMITED
#2207 ONE YONGE ST.
TORONTO, ON M5E 1E5
M5E 1E5**

DO NOT WRITE IN THIS SPACE



04182004 No Chg-P CR2E034 (10/03)

4. FEI Number
98-0137614

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FENNIMAN, JOHN
735 COLORADO AVENUE
STUART, FL 34994**

**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, 2006 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	PC GOSSNER, ISABELLA #2207 ONE YONGE STREET TORONTO, ON m5e 1e5
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HEBICH, DORIS SUITE 3401 65 HARBOUR SQUARE TORONTO ONT. M5J 2L4 CANADA, M5J 2L4
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BERNHARD, ELLA C/O CHAPPELL SUITE 3310 20 QUEEN ST. WEST TORONTO ONT. M5H 3R3 CANADA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: Isabella Gossner, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Isabella Gossner

April 2, 06

1416-3679531/23

Daytime Phone #