

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000000134

1. Entity Name
858061 ONTARIO LIMITED COMPANY



Principal Place of Business
**155 BURTON GROVE KING CITY
ONTARIO CANADA L7B 1C7,**

Mailing Address
**155 BURTON GROVE KING CITY
ONTARIO CANADA L7B 1C7,**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0129755

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAMBRECHT, WILLIAM G
200 S. ORANGE AVE.
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000587340
01/17/07-80032-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COOK, CHRISTINE A
STREET ADDRESS	155 BURTON GROVE KING CITY
CITY-ST-ZIP	ONTARIO CANADA L7B 1C7,
TITLE	S
NAME	MUIR, JAMES B
STREET ADDRESS	155 BURTON GROVE KING CITY
CITY-ST-ZIP	ONTARIO CANADA L7B 1C7,
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James B. Muir **JAMES B. MUIR** **JAN 8/07** **905 832-0577**