


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000005465	
1. Entity Name THE ALPEN HOUSE LIMITED, CORPORATION	

Principal Place of Business 14875 BAYVIEW AVE, RR#2 AURORA, ONTARIO L4G 3G8, OC	Mailing Address 14216 N US HIGHWAY 27 OCALA, FL 34482
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02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0076788	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBERTS, MARK 14216 N. US HWY 27 OCALA, FL 34482

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD STRONACH, BELINDA 14875 BAYVIEW AVE, RR#2 AURORA, ONTARIO L4G 3G8,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STRONACH, ELFRIEDE 14875 BAYVIEW AVE, RR#2 AURORA, ONTARIO L4G 3G8,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STRONACH, ANDREW 6 HUMBERLINE DR, UNIT 903 ETOBICOKE, ONTARIO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/01/05-80022-004 150.00

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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: Elfriede Stronach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 24/05
Date Daytime Phone #