

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90014 036 ***150.00

DOCUMENT # F98000005378

1. Entity Name
EVERGREEN LAKES, INC.



Principal Place of Business

% KOLTER CORPORATION
2200 YONGE STREET, SUITE 1600, TORONTO
ONTARIO CANADA M4S 2C6,

Mailing Address

% KOLTER CORPORATION
2200 YONGE STREET, SUITE 1600, TORONTO
ONTARIO CANADA M4S 2C6,

54007465



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2123375

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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	PC
NAME	JULIEN, ROBERT
STREET ADDRESS	2200 YONGE STREET, SUITE 1600, TORONTO
CITY-ST-ZIP	ONTARIO CANADA M4S 2C6,
TITLE	SVD
NAME	CLARKE, MICHAEL
STREET ADDRESS	2200 YONGE STREET, SUITE 1600, TORONTO
CITY-ST-ZIP	ONTARIO CANADA M4S 2C6,
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:

Michael Clarke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04
Date

416-485-0417
Daytime Phone #