

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000217

Entity Name: 682641 ONTARIO INC.

FILED
Apr 09, 2005
Secretary of State

Current Principal Place of Business:

% THOMAS C. ROBERGE, CPA
ONE BEACH DR SE, SUITE 220
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

% THOMAS C. ROBERGE, CPA
ONE BEACH DR SE, SUITE 220
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 98-0169106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERGE, THOMAS C CPA
ONE BEACH DR SE, SUITE 220
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPSD () Delete
Name: ANGER, HARRY
Address: % THOMAS C. ROBERGE, ONE BEACH DR SE #220
City-St-Zip: ST PETERSBURG, FL 33701

Title: VCVT () Delete
Name: ANGER, AUDREY
Address: % THOMAS C. ROBERGE, ONE BEACH DR SE #220
City-St-Zip: ST PETERSBURG, FL 33701

Title: D () Delete
Name: ANGER, AUDREY
Address: % THOMAS C. ROBERGE, ONE BEACH DR SE #220
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREY ANGER

D

04/09/2005

Electronic Signature of Signing Officer or Director

Date