## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 02, 2004 08:00 AM Secretary of State **DOCUMENT # F99000006227** 1. Entity Name 1120414 ONTARIO LTD CORPORATION Mailing Address Principal Place of Business 6 SORREL COURT **6 SORREL COURT** WILLOWDALE, ONTARIO CANADA. WILLOWDALE, ONTARIO CANADA, 00 No Chg-P CR2E034 (10/03) 02252004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2198525 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE HICKS, DAIEL 6334 MIDNIGHT PASS RD. SARASOTA, FL 34242 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. U00000074152 Added to Fees OFFICERS AND DIRECTORS 10. TITLE HICKS, DANIEL NAME 6 SORREL COURT STREET ADDRESS WILLODALE, ONTARIO CANADA, m2k1t7 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 cath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**