

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # J88853**

1. Entity Name  
**GREAT LAKES DEVELOPMENTS, INC.**



Principal Place of Business  
**2033 MAIN ST. #600  
POSTAL DRAWER 4195  
SARASOTA, FL 34230**

Mailing Address  
**1 PORT STR E SUITE 301  
MISSISSAUGA ONTARIO CANADA  
L5G 4N1, XX**



03102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0038691</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BARTLETT, CHARLES J.  
2033 MAIN ST. #600  
SARASOTA, FL 34237**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JAMES, WILLIAM G.
STREET ADDRESS	1 PORT ST. MISSISSAUGA
CITY - ST - ZIP	ONTARIO, CANADA,
TITLE	D
NAME	JAMES, ASTRIDE P.
STREET ADDRESS	1 PORT ST. MISSISSAUGA
CITY - ST - ZIP	ONTARIO, CANADA,
TITLE	D
NAME	JAMES, JONATHAN
STREET ADDRESS	1 PORT ST MISSISSAUGA
CITY - ST - ZIP	ONTARIO CANADA,
TITLE	D
NAME	SAMUEL, INGRID H
STREET ADDRESS	1 PORT ST MISSISSAUGA
CITY - ST - ZIP	ONTARIO CANADA,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/02/08-80022-025 150.00

**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: **JONATHAN JAMES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 11, '08** (905) 274-5212  
Date Daytime Phone #