

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90048 039 ****61.25

DOCUMENT # N96000003570

1. Entity Name

GOODSEED USA, INC.



Principal Place of Business

3655 N GOVERNMENT WAY
SUITE 9
COEUR D'ALENE ID 83814

Mailing Address

P.O. BOX 2890
HAYDEN ID 83835

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3480436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

EDWARDS, MALCOLM
5368 ANTHONY AVE
MILTON FL 32570

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Malcolm Edwards 3/16/04

MALCOLM EDWARDS

3/9/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DS ☐ Delete
NAME SMYTH, RUSSELL J
STREET ADDRESS 1615 N 5TH STREET
CITY-ST-ZIP COEUR D'ALENE ID 83814

TITLE D ☐ Delete
NAME IOTT, FRANKLIN B
STREET ADDRESS 4925 N. ANNE
CITY-ST-ZIP COEUR D ALENE ID 83815

TITLE PD ☐ Delete
NAME CROSS, JOHN R
STREET ADDRESS 15 BEECH CRESCENT
CITY-ST-ZIP OLDS, AB CANADA T4H 1M1

TITLE TD ☐ Delete
NAME KRAJEC, JOHN A
STREET ADDRESS 15 BEECH CRESCENT
CITY-ST-ZIP OLDS, AB CANADA T4H 1M1

TITLE DV ☐ Delete
NAME HUMPHREYS, PAUL W
STREET ADDRESS BOX 1000
CITY-ST-ZIP DURHAM, ON, CANADA N0G 1R0

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

Russell J Smyth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 9, 2004

Date

208 665 2333

Daytime Phone #