


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-19-2004 90031 001 ***150.00

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| DOCUMENT # P03000041680 |  |
| 1. Entity Name KELKOR CONSTRUCTION MANAGEMENT INC. US. | |

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| Principal Place of Business 46 DEVLIN PLACE AURORA ONTARIO L4G 5W8 OC | Mailing Address 46 DEVLIN PLACE AURORA ONTARIO L4G 5W8 OC |
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| 2. Principal Place of Business 12831 Bay Timber Ct. | 3. Mailing Address 320 Waterloo Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State FT. MYERS, FLORIDA | City & State TORONTO, ONTARIO |
| Zip 33913 | Country U.S.A. |
| Zip M3H 4A3 | Country CANADA |



MOORE CR2E034 (11/03)

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| 6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH LTD, INC 103 N MORDIAN STREET TALLAHASSEE FL 32301 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE D | <input type="checkbox"/> Delete | TITLE P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WICHEL, BRUCE | | NAME WEICHEL, BRUCE | |
| STREET ADDRESS 46 DEVLIN PLACE | | STREET ADDRESS 320 WATERLOO AVE. | |
| CITY-ST-ZIP AURORA ONTARIO L4G 5W8 | | CITY-ST-ZIP TORONTO, ONTARIO M3H 4A3 | |
| TITLE D | <input type="checkbox"/> Delete | TITLE Y | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HARLEY, ROBERT | | NAME HARDY, ROBERT | |
| STREET ADDRESS 11 MANTELL GRESC | | STREET ADDRESS 11 MANTELL CRES. | |
| CITY-ST-ZIP AJAX ONTARIO L1T 3H6 | | CITY-ST-ZIP AJAX, ONTARIO L1T 3H6 | |
| TITLE D | <input type="checkbox"/> Delete | TITLE D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> Delete | TITLE D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> Delete | TITLE D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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:  **BRUCE WEICHEL** **FEB. 10, 2004** **416 568-2113**