

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90012 012 ***150.00

DOCUMENT # P05000107377 1. Entity Name DAYBAR USA INC.					
Principal Place of Business 1235 AEROWOOD DR., MISSISSAUGA ONTARIO, CANADA L4W 1B9,			Mailing Address 1235 AEROWOOD DR., MISSISSAUGA ONTARIO, CANADA L4W 1B9,		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 98-0463893	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SAUER, RACHEAL C. 1205 MANATEE AVE. WEST BRADENTON, FL 34205				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DODSON, S.A. MR 1235 AEROWOOD DR MISSISSAUGA, ON L4w1b9 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, W.J. 1235 AEROWOOD DR MISSISSAUGA, ON L4w1b9 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  W.J. ANDERSON May 30/07 905-625-8000 <small>Signature, typed or printed name of signing officer or director Date Daytime Phone #</small>					

ATTACHMENT

40119592



Division of Corporations

Annual Report

Annual Report Help

Document Number

P05000107377

Business Entity Name

DAYBAR USA INC.

FEI Number

980463893

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 1235 AEROWOOD DR., MISSISSAUGA

Suite, Apt. #, etc.

City, State ONTARIO, CANADA L4W 1B9 ,

Zip Code & Country

Mailing Address

Address 1235 AEROWOOD DR., MISSISSAUGA

Suite, Apt. #, etc.

City, State ONTARIO, CANADA L4W 1B9 ,

Zip Code & Country

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

SAUER

RACHEAL C.

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1205 MANATEE AVE. WEST

Suite, Apt. #, etc.

City, State

BRADENTON

, FL

Zip Code & Country

34205

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) DODSON, S.A., MR

- OR -

Entity Name to serve as
Officer/Director

Street Address 1235 AEROWOOD DR
City, State MISSISSAUGA, ON
Zip Code & Country I4w1b9

Title T
Name (Last, First, Middle, Title) ANDERSON, W.J.

- OR -

Entity Name to serve as
Officer/Director

Street Address 1235 AEROWOOD DR
City, State MISSISSAUGA, ON
Zip Code & Country I4w1b9

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature:

CONTROLLER
W J ANDERSON

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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