

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-10-2008 90021 032 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # P06000032324					
1. Entity Name ACCENTA INC.					
Principal Place of Business 5815 COOPERS AVENUE MISSISSAUGA ONTARIO L4Z 1R9 CA			Mailing Address 5815 COOPERS AVENUE MISSISSAUGA ONTARIO L4Z 1R9 CA		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Succ. Apt. #, etc.			Succ. Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 98-0487787	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INCORPORATING SERVICES, LTD. 1540 GLENWAY DRIVE TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent Name: Succ. 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 _____ Signature typed or printed name of registered agent and this is applicable. (NOTE: Registered Agent sign with signature when certificate is filed.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERNETOFT, ULF 5815 COOPERS AVE MISSISSAUGA, ON CA L4Z 1R9	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MATTHEWS, DAVID 5815 COOPERS AVE MISSISSAUGA, ON CA L4Z 1R9	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACCOUNTING MANAGER	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	ACCOUNTING MANAGER 5815 COOPERS AVE MISS. Ont CA L4Z 1R9
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 fees empowered.					
SIGNATURE: 5/27/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					