


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90016 014 \*\*\*150.00

<b>DOCUMENT # P12779</b> 1. Entity Name <b>CAN-LON, INC.</b>	
--	---

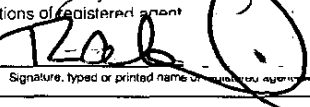
Principal Place of Business <b>C/O LARRY GEIMER 1515 RINGLING BLVD STE 890 SARASOTA, FL 34236</b>	Mailing Address <b>C/O LARRY GEIMER 1515 RINGLING BLVD STE 890 SARASOTA, FL 34236</b>
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**44011137**  
  
01142004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>GEIMER, LARRY 1515 RINGLING BLVD STE 890 SARASOTA, FL 34236</b>		7. Name and Address of New Registered Agent Name <b>HENDRICKSON, ROBERT W III</b> Street Address (P.O. Box Number is Not Acceptable) <b>1206 MANATEE AVENUE WEST</b> City <b>BRADENTON</b> <b>FL</b> Zip Code <b>34205</b>	
---	--	---	--


8. The above named entity submits this statement for the purpose of maintaining 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 **1/20/04**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SISKIND, ROBERT STE 303, 252 PALL MALL ST LONDON, ON n6a 5p6 <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	ST SISKIND, SHELLY STE 303, 252 PALL MALL ST LONDON, ON n6a 5p6 <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	VD SAMAH, STEVEN M. 201 N FRANKLIN ST., STE 2200 TAMPA, FL 33602 <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
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 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:  DATE **1/20/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Robert G. Siskind**