

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90162 024 ***158.75

DOCUMENT # P30093

1. Entity Name
MILCOMBE HOUSE INVESTMENTS LIMITED COMPANY



Principal Place of Business

1 MAPLEGROVE DRIVE
OAKVILLE, ONTARIO L6J 4T8
CANADA, L6V4T US

Mailing Address

1 MAPLEGROVE DRIVE
OAKVILLE, ONTARIO L6J 4T8
CANADA, L6V4T US

2. Principal Place of Business

1 MAPLEGROVE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1 MAPLEGROVE DRIVE

Suite, Apt. #, etc.

City & State

OAKVILLE ONTARIO

City & State

OAKVILLE, ONTARIO

Zip

L6J 4T8

Country

CANADA

Zip

L6J 4T8

Country

CANADA

03082005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0210151

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, GARY K.
5801 PELICAN BAY BLVD., SUITE 300
NAPLES, FL 34108-2709**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **HARRIGAN, KENNETH W.**
STREET ADDRESS **1 MAPLEGROVE DRIVE**
CITY-ST-ZIP **OAKVILLE, ONTARIO L6J-4T8,**

TITLE **P** ☐ Delete
NAME **HARRIGAN, MARGARET JEAN**
STREET ADDRESS **1 MAPLEGROVE DRIVE**
CITY-ST-ZIP **OAKVILLE, ONTARIO L6J-4T8,**

TITLE **D** ☐ Delete
NAME **TOMLINSON, TARA L.**
STREET ADDRESS **7 HARPERS CROFT**
CITY-ST-ZIP **UNIONVILLE, ONTARIO L3R-6L1,**

TITLE **D** ☐ Delete
NAME **HARRIGAN, STEPHEN C.**
STREET ADDRESS **6826 SUMMER HEIGHTS**
CITY-ST-ZIP **MISSISSAUGUA, ON L5N7E7**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **HARRIGAN, STEPHEN C.**
STREET ADDRESS **6826 SUMMER HEIGHTS DRIVE**
CITY-ST-ZIP **MISSISSAUGUA, ONTARIO L5N 7E7**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *Stephen C. Harrigan* **K.W. HARRIGAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 8, 2005 905-842-8506

Date

Daytime Phone #