

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P30465

1. Entity Name
877974 ONTARIO INC.



Principal Place of Business

6403 PARC CORNICHE, #4211
ORLANDO, FL 32835

Mailing Address

25 COLDWATER RD., PO BOX 245
COLDWATER, ONTARIO
CANADA L0K1E0,



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0108771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STARK, WILLIAM C.
6403 PARC CORNICHE, #4211
ORLANDO, FL 32835

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STARK, SHEILA K
STREET ADDRESS	213,585 ATHERLEY RD
CITY-ST-ZIP	ORILLIA, ONTARIO, CA J3v715
TITLE	STO
NAME	STARK, WILLIAM C
STREET ADDRESS	213,585 ATHERLEY RD
CITY-ST-ZIP	ORILLIA, ONTARIO, CA J3v715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000839866
03/06/08-80026-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21 Feb 08 705-686-3386