

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90045 014 ***150.00

DOCUMENT # P38037

1. Entity Name
CERTA PROPAINTERS LTD. INC.



Principal Place of Business
**150 GREEN TREE RD
SUITE 1003
OAKS, PA 19456 US**

Mailing Address
**C/O CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US**

50050421



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082005 Chg-P CR2E034 (10/03)

4. FEI Number
04-3140719

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASCF
LEIBY, JAMES S
150 GREEN TREE ROAD, SUITE 1003
OAKS, PA 19456** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CHARE, CHARLES E
150 GREEN TREE ROAD, SUITE 1003
OAKS, PA 19456** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CLEMENTS, PAUL W.
5397 EGLINTON AVE. WEST, SUITE 108
ETOBICAKE, ONTARIO, CANADA, m9c 5k6** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROGERS, STEVEN S.
5397 EGLINTON AVE. WEST, SUITE 108
ETOBICAKE, ONTARIO, CANADA, m9c 5k6** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
FRIEDRICKSEN, JOHN B.
1140 BAY STREET STE 4000
TORONTO, ON, mss 2b4** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
COOKE, DOUGLAS G.
1140 BAY STREET STE 4000
TORONTO, ON, mss 2b4** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President/Director
Charles E. Chase** ☒ Change ☐ Addition
**150 Green Tree Road, Suite 1003
Oaks, PA 19456**

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

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

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

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 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:

Charles Chase

3/14/05

(610) 650-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #