


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000086679  
 1. Entity Name  
 FORREC U.S., INC.



Principal Place of Business  
 925 TRUMAN AVE  
 KEY WEST, FL 33041 US

Mailing Address  
 P O BOX 4502  
 KEY WEST, FL 33041 US

**DO NOT WRITE IN THIS SPACE**



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3297343

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 F & L CORP.  
 ONE INDEPENDENT DRIVE  
 SUITE 1300  
 JACKSONVILLE, FL 32202

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD
NAME	DORRETT, GORDON
STREET ADDRESS	33 LANGUÛIR CRESCENT
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA, mas2a8
TITLE	SD
NAME	SCHEFTER, HENRY
STREET ADDRESS	39 DUPONT ST.
CITY-ST-ZIP	TORONTO ONTARIO CANADA, M5R1V3
TITLE	VD
NAME	RHYS, STEVEN
STREET ADDRESS	39 NEIGHBOURLY LANE
CITY-ST-ZIP	RICHMOND HILL ONTARIO CANADA, l4c 5m4
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000240180  
 02/23/05-80020-012 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

16 FEB, 2005 416-696-8886  
 Date Daytime Phone #