

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90281 033 ***150.00

DOCUMENT # P95000027673

1. Entity Name
CARDINAL CONCEPTS (USA) INC.



Principal Place of Business
**3086 NORTH BARTON CREEK CIRCLE
LECANTO, FL 34461**

Mailing Address
**C/O R R #2 8246 11TH LINE
THORNTON, ON L0L2N CANADA**

94054620



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3306520

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CACO, KAREN A
493 WILLET AVE
NAPLES, FL 33963**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRIGAULT, JEANETTE
STREET ADDRESS	3086 NORTH BARTON CREEK CIRCLE
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	PS
NAME	STILES, JAMES
STREET ADDRESS	3086 NORTH BARTON CREEK CIRCLE
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	VPT
NAME	STILES, JAMES
STREET ADDRESS	3086 NORTH BARTON CREEK CIRCLE
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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: Jeanette Frigaault Apr 5/04 705-206-3237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #