

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT 11 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000033107 1. Entity Name COLD SPRINGS FINANCIAL CORPORATION	
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Principal Place of Business 149 BROCK ST THAMESFORD ONTARIO, NOM -2MO CN	Mailing Address 149 BROCK ST THAMESFORD ONTARIO, NOM -2MO CN
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DO NOT WRITE IN THIS SPACE



05072004 No Chg-P CR2E034 (10/03) 04

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DIVINE, RUSSELL W
 24 SOUTH ORANGE AVE
 ORLANDO, FL 32801

DO NOT WRITE
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B. 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 \$550.00
Due by September 8, 2004

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	PD BRALEY, GARY E 149 BROCK ST THAMESFORD ONTARIO, NOM 2MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS INNANEN, LEROY 149 BROCK ST THAMESFORD ONTARIO, NOM 2MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWAN, THOMAS 149 BROCK ST THAMESFORD ONTARIO, NOM 2MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAM, BRIAN 149 BROCK ST THAMESFORD ONTARIO, n0m 2m0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

500041856205
10/13/04--01051--008 **550.00

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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: *[Signature]* Oct. 5 / 04 519-285-3940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B