


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90522 049 ***150.00

DOCUMENT # P95000033107

1. Entity Name
COLD SPRINGS FINANCIAL CORPORATION



Principal Place of Business Mailing Address

**149 BROCK ST
 THAMESFORD ONTARIO CANADA
 NOM 2MO, XX** **149 BROCK ST
 THAMESFORD ONTARIO CANADA
 NOM 2MO, XX**

50045602

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



05032005 Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD Delete

NAME: BRALEY, GARY E

STREET ADDRESS: 149 BROCK ST

CITY-ST-ZIP: THAMESFORD ONTARIO, NOM 2MO

TITLE: CD Change Addition

NAME: DODDS, DOUG

STREET ADDRESS: 149, BROCK ST

CITY-ST-ZIP: THAMESFORD, ONTARIO NOM2MO

TITLE: VS Delete

NAME: INNANEN, LEROY

STREET ADDRESS: 149 BROCK ST

CITY-ST-ZIP: THAMESFORD ONTARIO, NOM 2MO

TITLE: Change Addition

NAME: Change Addition

STREET ADDRESS: Change Addition

CITY-ST-ZIP: Change Addition

TITLE: D Delete

NAME: COWAN, THOMAS

STREET ADDRESS: 149 BROCK ST

CITY-ST-ZIP: THAMESFORD ONTARIO, NOM 2MO

TITLE: Change Addition

NAME: Change Addition

STREET ADDRESS: Change Addition

CITY-ST-ZIP: Change Addition

TITLE: D Delete

NAME: CRAM, BRIAN

STREET ADDRESS: 149 BROCK ST

CITY-ST-ZIP: THAMESFORD ONTARIO, n0m 2m0

TITLE: Change Addition

NAME: Change Addition

STREET ADDRESS: Change Addition

CITY-ST-ZIP: Change Addition

TITLE: Delete

NAME: Change Addition

STREET ADDRESS: 149 BROCK ST

CITY-ST-ZIP: THAMESFORD, ONTARIO NOM2MO

TITLE: Change Addition

NAME: Change Addition

STREET ADDRESS: Change Addition

CITY-ST-ZIP: Change Addition

TITLE: Delete

NAME: Change Addition

STREET ADDRESS: Change Addition

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 another like empowered.

SIGNATURE: Michelle Walter APR 29/05 519-285-3940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MICHELLE WALTER **EXT 294**