

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000093561

1. Entity Name
LANDCASTER HOLDINGS, INC.



Principal Place of Business

**38349 HIGHWAY 54 EAST
UNIT 166
ZEPHYRHILLS, FL 33540 US**

Mailing Address

**ATTN: J L BOWERY
11 GROVE PARK
WESTMOUNT, QUEBEC, CA h3y-3e6 CA**



04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3360598

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWNSBERGER, J. G
38349 HIGHWAY 54 EAST
UNIT 166
ZEPHYRHILLS, FL 33540**

**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 _____ 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, 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	BOWEY, J. LORNE
STREET ADDRESS	11 GROVE PARK
CITY-ST-ZIP	WESTMOUNT, QUEBEC, CA h3y 3e6
TITLE	VP
NAME	MONTY, DAVID
STREET ADDRESS	42 WILSON STREET
CITY-ST-ZIP	LENNOXVILLE, QUEBEC, CA j1m 1n1
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/04-80039-017 150.00

**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)(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: James L Bowey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15/04 514 937 9131
Date Daytime Phone #