

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90749 006 ***150.00

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04272004 Chg-P CR2E034 (10/03)

DOCUMENT # P97000050765 1. Entity Name 2478 CALGARY CORP.																																																																																																																																			
Principal Place of Business 2447 CALAMONGA LANE SARASOTA, FL 34239			Mailing Address 2447 CALAMONGA LANE SARASOTA, FL 34239																																																																																																																																
2. Principal Place of Business 2327 SANDRALA DR. Suite, Apt. #, etc.		3. Mailing Address 2327 SANDRALA DR Suite, Apt. #, etc.		4. FEI Number 65-0761927 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
City & State SARASOTA, FL Zip 34231 Country		City & State SARASOTA, FL Zip 34231 Country																																																																																																																																	
6. Name and Address of Current Registered Agent REINICKE, STEPHANIE A 1800 2ND ST, SUITE 803 SARASOTA, FL 34236																																																																																																																																			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																															
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">D <input type="checkbox"/> Delete</td> <td style="width: 30%;"></td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td>MACK, GLEN A</td> <td></td> <td>NAME</td> <td>GLEN A MACK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2447 CALAMONGA LANE</td> <td></td> <td>STREET ADDRESS</td> <td>2327 SANDRALA DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34239</td> <td></td> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34231</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D <input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td>HORNBERGER, S A</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>238 DAVENPORT RD #322</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TORONTO, ONTARIO CA M541J6,</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	MACK, GLEN A		NAME	GLEN A MACK		STREET ADDRESS	2447 CALAMONGA LANE		STREET ADDRESS	2327 SANDRALA DR		CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP	SARASOTA, FL 34231		TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	HORNBERGER, S A		NAME			STREET ADDRESS	238 DAVENPORT RD #322		STREET ADDRESS			CITY-ST-ZIP	TORONTO, ONTARIO CA M541J6,		CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u>X [Signature]</u> X 4/21/04 941 X6504477 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			