

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90203 026 ***150.00

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1. Entity Name
6320 TRAIL INC.



Principal Place of Business

2 N. TAMiami TRAIL
SUITE 210
SARASOTA, FL 34236 US

Mailing Address

2 N. TAMiami TRAIL
SUITE 210
SARASOTA, FL 34236 US

24068675



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0822192

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLF, RON H
C/O ICORR
2 N. TAMiami TRAIL, SUITE 210
SARASOTA, FL 34236

**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	AVP
NAME	WOLF, RON
STREET ADDRESS	2 N TAMiami TR STE 210
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	AVP
NAME	HALL, JOAN
STREET ADDRESS	700 RICHOMOND ST., STE 410
CITY-ST-ZIP	LONDON, ONTARIO, n6a5c7
TITLE	ST
NAME	WOLF, NORTON P
STREET ADDRESS	700 RICHOMOND ST., STE 410
CITY-ST-ZIP	LONDON, ONTARIO, n6a5c7
TITLE	AVP
NAME	YATES, Nancy
STREET ADDRESS	2 N. Tamiami Tr. Ste 210
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #