

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # S06608

1. Entity Name

OCEAN TRILLIUM OF DAYTONA BEACH, INC.



Principal Place of Business

5667 ISLAND PARK DRIVE
MANOTICK, ONTARIO
CANADA K4M 1A6,

Mailing Address

P.O. BOX 713
MANOTICK ONTARIO
CANADA K4M 1A6,



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3034029

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SWEET, JEFFREY C
149 BROADWAY
DAYTONA BEACH, FL 32118

**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	P
NAME	CORRIGAN, JAMES
STREET ADDRESS	5667 ISLAND PK DR
CITY - ST - ZIP	MANOTICK, ONT. CA
TITLE	ST
NAME	O'NEIL, ALBERTA
STREET ADDRESS	R.R. H I
CITY - ST - ZIP	PUTNAM, CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000044488
02/11/04-80024-003 158.75

**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 address, with all other like empowered.

SIGNATURE:

James Corrigan
SIGNATURE, ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04
Date

386

255-7902
Daytime Phone #