

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90057 017 \*\*\*150.00

**DOCUMENT # V29196**

1. Entity Name  
**LORD CULTURAL RESOURCES PLANNING & MANAGEMENT INC.**



Principal Place of Business      Mailing Address  
**3375-G CAPITAL CIRCLE NE**      **3375-G CAPITAL CIRCLE NE**  
**TALLAHASSEE, FL 32308**      **TALLAHASSEE, FL 32308**

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

40061000



02092005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0329823**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**THOMSON BROCK CHERRY & COMPANY**  
**3375-G CAPITAL CIRCLE NE**  
**TALLAHASSEE, FL 32308**

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**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **DP**       Delete  
 NAME **LORD, GAIL DEXTER**  
 STREET ADDRESS **301 DAVENPORT RD.**  
 CITY-ST-ZIP **TORONTO, ON**

TITLE **DVPS**       Delete  
 NAME **LORD, BARRY**  
 STREET ADDRESS **301 DAVENPORT RD.**  
 CITY-ST-ZIP **TORONTO, ON**

TITLE **DVP**       Delete  
 NAME **NICKS, JOHN**  
 STREET ADDRESS **301 DAVENPORT RD.**  
 CITY-ST-ZIP **TORONTO, ON**

TITLE **VP**       Delete  
 NAME **MILLS, STEPHEN**  
 STREET ADDRESS **301 DAVENPORT RD.**  
 CITY-ST-ZIP **TORONTO, ON**

TITLE \_\_\_\_\_       Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_       Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE \_\_\_\_\_       Change       Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_       Change       Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_       Change       Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_       Change       Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_       Change       Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_       Change       Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

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 **Feb 15/05**      Daytime Phone # **416-928-9292**  
**2230**