

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000004647

**Entity Name:** ALMITA PILING INC.

**Current Principal Place of Business:**

625 PARSONS RD SW  
EDMONTON ALBERTA T6X0W8 CA, OC

**Current Mailing Address:**

1603 91 ST. SW, STE. 200  
EDMONTON ALBERTA T6X0W8 CA, OC US

**FEI Number:** 98-1218043

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS, INC.  
7901 4TH ST. N, STE. 300  
ST. PETERSBURG, FL 33702 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name LLOYD, JEFFREY S  
Address 12429 28A AVE.  
City-State-Zip: EDMONTON, AB T6J 4L5 CANADA OC

Title SRVP  
Name BAILLIE, WILLIAM S  
Address 2015 126 ST. SW  
City-State-Zip: EDMONTON, AB T6W 0A5 CANADA OC

Title SRVP  
Name HILTON, JEFFREY R  
Address 200 GLENEAGLES VIEW  
City-State-Zip: CALGARY, AB T4C 2G5 CANADA OC

Title SCFO  
Name SLOCOMBE, LINDA  
Address 5420 BONAVENTURE AVE. NW  
City-State-Zip: EDMONTON, AB T5E 6R3 CANADA OC

Title SECRETARY  
Name GAMROTH, BRAD  
Address 1603 91 ST. SW, STE. 200  
City-State-Zip: EDMONTON ALBERTA T6X0W8 CA OC

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRAD GAMROTH

**SECRETARY**

**04/28/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date