2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M66492

Entity Name: A. GIGUERE, INC.

FILED Apr 01, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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14815 ELMONT AVE SPRING HILL, FL 34610

Current Mailing Address: New Mailing Address:

14815 ELMONT AVE SPRING HILL, FL 34610

FEI Number: 59-2879314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GIGUERE, CHANTAL 14815 ELMONT AVE US SPRING HILL,, FL 34610

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GIGUERE, ARMAND, GIGUERE, ARMAND, Name: Name: 659 NO. HAYES RD. 14815 ELMONT AVE Address: Address: City-St-Zip:

SPRING HILL, FL 34610 US SPRING HILL, FL City-St-Zip:

Title: DVP Title: DVP (X) Change () Addition () Delete Name: GIGUERE. DOMINIQUE. Name: GIGUERE. DOMINIQUE. 13120 CLERMONT ST 14815 ELMONT AVENUE Address: Address:

HUDSON, FL SPRING HILL, FL 34610 US City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete GIGUERE, PHILLIPPE, GIGUERE, PHILLIPPE, Name: Name:

14815 ELMONT AVE 7153 SAINT CLAIR LANE Address: Address: City-St-Zip: SPRING HILL, FL City-St-Zip: PORT RICHEY, FL 34668 US

Title: () Delete Title: (X) Change () Addition

GIGUERE, DAVID, GIGUERE, DAVID, Name: Name: Address: 14815 ELMONT AVE Address: 7641 HAWTHORN DRIVE City-St-Zip: SPRING HILL, FL City-St-Zip: PORT RICHEY, FL 34668 US

Title: Title: (X) Change () Addition () Delete

GIGUERE, CHANTAL, GIGUERE, CHANTAL, Name: Name: 14815 ELMONT AVE Address: 14815 ELMONT AVE Address: City-St-Zip: SPRING HILL, FL City-St-Zip: SPRING HILL, FL 34610 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHANTAL GIGUERE D 04/01/2004