# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 12, 2009**
**Secretary of State**

DOCUMENT# M66492

**Entity Name:** A. GIGUERE, INC.

**Current Principal Place of Business:**

14815 ELMONT AVE
SPRING HILL, FL 34610

**New Principal Place of Business:**

**Current Mailing Address:**

14815 ELMONT AVE
SPRING HILL, FL 34610

**New Mailing Address:**

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

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

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

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

GIGUERE, MARCIA
14815 ELMONT AVE
SPRING HILL,, FL 34610 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: MARCIA GIGUERE 03/12/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: GIGUERE, ARMAND,
Address: 14815 ELMONT AVE
City-St-Zip: SPRING HILL, FL 34610 US

Title: DVP ( ) Delete
Name: GIGUERE, DOMINIQUE,
Address: 14419 LITTLE RANCH ROAD
City-St-Zip: SPRING HILL, FL 34610 US

Title: T ( ) Delete
Name: GIGUERE, PHILLIPPE,
Address: 9100 SAINT CLAIR LANE
City-St-Zip: PORT RICHEY, FL 34668 US

Title: S ( ) Delete
Name: GIGUERE, DAVID,
Address: 7641 HAWTHORN DRIVE
City-St-Zip: PORT RICHEY, FL 34668 US

Title: D ( ) Delete
Name: GIGUERE, CHANTAL,
Address: 14815 ELMONT AVE
City-St-Zip: SPRING HILL, FL 34610 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ARMAND GIGUERE PRES 03/12/2009
Electronic Signature of Signing Officer or Director Date