

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M66492

**Entity Name:** A. GIGUERE, INC.**Current Principal Place of Business:**14815 ELMONT AVE  
SPRING HILL, FL 34610**Current Mailing Address:**14815 ELMONT AVE  
SPRING HILL, FL 34610**FEI Number:** 59-2879314**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIGUERE, MARCIA L.  
9100 SAINT CLAIR LANE  
PORT RICHEY, FL 34668 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           | DP                   |
| Name            | GIGUERE, ARMAND      |
| Address         | 14815 ELMONT AVE     |
| City-State-Zip: | SPRING HILL FL 34610 |

|                 |                         |
|-----------------|-------------------------|
| Title           | DVP                     |
| Name            | GIGUERE, DOMINIQUE      |
| Address         | 14419 LITTLE RANCH ROAD |
| City-State-Zip: | SPRING HILL FL 34610    |

|                 |                       |
|-----------------|-----------------------|
| Title           | T                     |
| Name            | GIGUERE, PHILLIPPE    |
| Address         | 9100 SAINT CLAIR LANE |
| City-State-Zip: | PORT RICHEY FL 34668  |

|                 |                      |
|-----------------|----------------------|
| Title           | S                    |
| Name            | GIGUERE, DAVID       |
| Address         | 413 PALA WAY         |
| City-State-Zip: | SPRING HILL FL 34608 |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | GIGUERE, CHANTAL R   |
| Address         | 14815 ELMONT AVE     |
| City-State-Zip: | SPRING HILL FL 34610 |

*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:** MARCIA GIGUERE**ADMINISTRATOR****01/16/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date