

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000033065

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC6725227376**

**Entity Name:** PAUL T. HEROUX ESTATE MANAGEMENT COMPANY

**Current Principal Place of Business:**

417 YVONNE DRIVE  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

417 YVONNE DRIVE  
WEST PALM BEACH, FL 33406 US

**FEI Number:** 65-0991076

**Certificate of Status Desired:** No

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

HEROUX, PAUL T  
417 YVONNE DRIVE  
WEST PALM BEACH, FL 33406 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           PTD  
Name           HEROUX, PAUL T  
Address        417 YVONNE DRIVE  
City-State-Zip: WEST PALM BEACH FL 33406

Title           VSD  
Name           HEROUX, NANCY L  
Address        417 YVONNE DRIVE  
City-State-Zip: WEST PALM BEACH FL 33406

*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:** PAUL HEROUX

**PRESIDENT**

**01/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date