

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 344083

1. Entity Name

GAGNON & ASSOCIATES, INC.



Principal Place of Business

**5608 BROADWAY
WEST PALM BEACH FL 33407**

Mailing Address

**5608 BROADWAY
WEST PALM BEACH FL 33407**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1303476**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAGNON, ERNEST C JR
5608 BROADWAY
WEST PALM BEACH FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE PD ☐ Delete
NAME GAGNON, ERNEST C JR
STREET ADDRESS 5608 BROADWAY
CITY-STATE-ZIP WEST PALM BCH, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
**U000000700194
04/20/07-80008-003 150.00**

TITLE D ☐ Delete
NAME GAGNON, MATTHEW J.
STREET ADDRESS 5060 GREENBRIAR TR
CITY-STATE-ZIP MOUNT DORA FL 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VTD ☐ Delete
NAME GAGNON, LORETTE E
STREET ADDRESS 5608 BROADWAY
CITY-STATE-ZIP WEST PALM BEACH, FL00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME IRBY, LYNN A
STREET ADDRESS 4540 SPRING CANYON HEIGHTS #208
CITY-STATE-ZIP COLORADO SPRINGS CO 80907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME GAGNON, MARK P
STREET ADDRESS 8101 CHARDONNAY COVE
CITY-STATE-ZIP AUSTIN TX 78750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME GAGNON, STEVEN J.
STREET ADDRESS 1073 BEDFORD AVE
CITY-STATE-ZIP PALM BEACH GARDENS FL 33403

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I/Os empowered.

SIGNATURE

Ernest C. Gagnon, Jr.

4-9-07 1-561-844-4311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #