

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 387229**

1. Entity Name  
J.E. FORTIN TRANSPORT (U.S.) INC.



Principal Place of Business  
9 ACORN DRIVE  
HOLLYWOOD, FL 33021

Mailing Address  
PO BOX 1339  
CHAMPLAIN, NY 12919 US



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1408053

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FAY, LAWRENCE D  
1205 UNIVERSAL MARION BLDG  
JACKSONVILLE, FL 32201

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
FORTIN, JEAN CLAUDE  
18 FORTIN BLVD  
ILE AUX NOIX, QU,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FORTIN, J EUGENE  
241 ST JACQUES ST  
NAPIERVILLE, QUE,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
DUPUIS, JACQUES  
90 ROUTE 217  
ST BRNRD, QU CAN,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/24/05-80019-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

**SIGNATURE:**

JACQUES DUPUIS

01-14-05 1-800 363 6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #