


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 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**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

4. FEI Number: **59-1408053**  
 Applied For:  Not Applicable:

City & State

Zip: Country

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**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuance) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	
TITLE: <b>DST</b>	<input type="checkbox"/> Delete
NAME: <b>FORTIN, JEAN CLAUDE</b>	
STREET ADDRESS: <b>18 FORTIN BLVD</b>	
CITY- ST- ZIP: <b>ILE AUX NOIX, QU</b>	
TITLE: <b>PD</b>	<input type="checkbox"/> Delete
NAME: <b>FORTIN, J EUGENE</b>	
STREET ADDRESS: <b>241 ST JACQUES ST</b>	
CITY- ST- ZIP: <b>NAPIERVILLE, QUE</b>	
TITLE: <b>DV</b>	<input type="checkbox"/> Delete
NAME: <b>DUPUIS, JACQUES</b>	
STREET ADDRESS: <b>90 ROUTE 217</b>	
CITY- ST- ZIP: <b>ST BRNRD, QU CAN</b>	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY- ST- ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	
STREET ADDRESS:	
CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	
STREET ADDRESS:	
CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	
STREET ADDRESS:	
CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	
STREET ADDRESS:	
CITY- ST- ZIP:	

100000429848  
 02/22/06-80025-004 150.00

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 like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **02-06-2006** DAY/STATE PHONE #: **450-246-3867**