

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90029 004 ***150.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

FAY, LAWRENCE D
1205 UNIVERSAL MARION BLDG
JACKSONVILLE FL 32201

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, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	DST	<input type="checkbox"/> Delete
NAME	FORTIN, JEAN CLAUDE	
STREET ADDRESS	18 FORTIN BLVD	
CITY- ST- ZIP	ILE AUX NOIX, QU	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FORTIN, J EUGENE	
STREET ADDRESS	241 ST JACQUES ST	
CITY- ST- ZIP	NAPIERVILLE, QUE	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DUPUIS, JACQUES	
STREET ADDRESS	90 ROUTÉ 217	
CITY- ST- ZIP	ST BRNRD, QU CAN	
TITLE		<input type="checkbox"/> Delete
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CITY- ST- 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/08 800-363-6111
Date Day:me From: #