

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90026 048 \*\*\*158.75

**DOCUMENT # 493521**

1. Entity Name  
**PAUL JACQUIN AND SONS, INC.**



Principal Place of Business  
**7348 COMMERCIAL CIRCLE  
P. O. BOX 4343  
FT PIERCE, FL 34948-1343**

Mailing Address  
**7348 COMMERCIAL CIRCLE  
P. O. BOX 4343  
FT PIERCE, FL 34948-1343**

**50017453**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-1640441**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SNEED, RICHARD JR.  
1905 S. 25TH ST  
FT PIERCE, 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 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 PD ☐ Delete  
NAME JACQUIN, PAUL E  
STREET ADDRESS 2707 GROVE DRIVE  
CITY-ST-ZIP FT PIERCE, FL

TITLE SV ☐ Delete  
NAME JACQUIN, CHERYL  
STREET ADDRESS 2707 GROVE DRIVE  
CITY-ST-ZIP FT PIERCE, FL

TITLE V ☐ Delete  
NAME NORRIS, FRITZ  
STREET ADDRESS 6702 SEBASTIAN ROAD  
CITY-ST-ZIP FT. PIERCE, FL

TITLE V ☐ Delete  
NAME JACQUIN, MICHAEL E  
STREET ADDRESS 7408 GEORGES RD  
CITY-ST-ZIP FORT PIERCE, FL 34951

TITLE V ☐ Delete  
NAME JACQUIN, PAUL R  
STREET ADDRESS 1007 COPENHAVER ROAD  
CITY-ST-ZIP FT. PIERCE, FL

TITLE V ☐ Delete  
NAME MODINE, JODY  
STREET ADDRESS 491 S. BROCKSMITH ROAD  
CITY-ST-ZIP FORT PIERCE, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/16/05*  
Date

*772-465-2475*  
Daytime Phone #